TITLE 9. HEALTH SERVICES

CHAPTER 25. DEPARTMENT OF HEALTH SERVICES EMERGENCY MEDICAL SERVICES

Authority: A.R.S. §§ 36-136(F) and 36-2209(A) et seq.

Editor's Note: Article 5 consisting of Sections R9-25-501 through R9-25-508 were recodified from Sections in Article 8 effective September 21, 2004 (Supp. 04-3). The Sections recodified from Article 8 were originally made or amended under an exemption from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6).

Editor's Note: The Office of the Secretary of State publishes all Chapters on white paper.

Editor's Note: This Chapter contains rules which were adopted, amended, and repealed under an exemption from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to A.R.S. § 36-2205(C). Exemption from A.R.S. Title 41, Chapter 6 means that the Department did not submit these rules to the Governor's Regulatory Review Council for review; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the Department was not required to hold public hearings on these rules. Because this Chapter contains rules which are exempt from the regular rulemaking process, the Chapter is printed on blue paper.

ARTICLE 1. DEFINITIONS

Article 1, consisting of Section R9-25-101, adopted effective October 15, 1996 (Supp. 96-4).

Section

R9-25-101. Definitions (Authorized by A.R.S. §§ 36-2201, 36-2202, 36-2204, and 36-2205)

ARTICLE 2. MEDICAL DIRECTION; ALS BASE HOSPITAL CERTIFICATION

Article 2, consisting of Sections R9-25-201 through R9-25-213 and Exhibits A through B, adopted effective October 15, 1996 (Supp. 96-4).

Section

R9-25-201. Required Medical Direction (A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7) and 36-2205(A) and (E))
R9-25-202. General Requirements for Provision of Administrative Medical Direction (A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7), 36-2204.01, and 36-2205(A) and (E))
Exhibit A. Repealed
R9-25-203. General Requirements for Provision of On-line Medical Direction (A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7), 36-2204.01, and 36-2205(A) and (E))
R9-25-204. Administrative Medical Director Qualifications and Responsibilities (Authorized by A.R.S. §§ 36-2201; 36-2202(A)(3) and (A)(4); 36-2204(5), (6), and (7); 36-2204.01; 36-2208(A); and 36-2209(A)(2))
R9-25-205. On-line Medical Director Qualifications and Responsibilities (A.R.S. §§ 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7), and 36-2204.01)
R9-25-206. Centralized Medical Direction Communications Center (A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204.01)
R9-25-207. ALS Base Hospital General Requirements (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5), (6), and (7))
R9-25-208. Application Requirements for ALS Base Hospital Certification (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5))
R9-25-209. Amendment of an ALS Base Hospital Certificate (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5) and (6))
R9-25-210. ALS Base Hospital Authority and Responsibilities (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5) and (6), 36-2208(A), and 36-2209(A)(2))
R9-25-211. ALS Base Hospital Enforcement Actions (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(7))
R9-25-212. Repealed
R9-25-213. Renumbered

ARTICLE 3. TRAINING PROGRAMS

Article 3 repealed; new Article 3 made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

Article 3, consisting of Sections R9-25-301 through R9-25-311 and Exhibits C through F and H, adopted effective October 15, 1996 (Supp. 96-4).

Section

R9-25-301. Definitions; Training Program General Requirements (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))
R9-25-302. Application Requirements for Training Program Certification (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))
R9-25-303. Amendment of a Training Program Certificate (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))
R9-25-304. Course and Examination Requirements (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))
R9-25-305. Arizona EMT-B Course (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))
Exhibit F. Repealed
R9-25-306. Arizona EMT-B Refresher, Arizona EMT-B Refresher Challenge Examination (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))
R9-25-307. Arizona EMT-I Course (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))
Exhibit H. Repealed
R9-25-308. Arizona EMT-P Course (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))
R9-25-309. Arizona ALS Refresher; Arizona ALS Refresher Challenge Examination (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))
R9-25-310. Training Program Medical Director (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))
R9-25-311. Training Program Director (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))
Exhibit D. Repealed
Exhibit C. Repealed
Exhibit E. Repealed

R9-25-312. Lead Instructor; Preceptor (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))
R9-25-313. Training Program Policies and Procedures (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))
R9-25-314. Training Program Disclosure Statements (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))
R9-25-315. Training Program Student Records (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))
R9-25-316. Training Program Notification and Recordkeeping (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))
R9-25-317. Training Program Enforcement Actions (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))
R9-25-318. Arizona EMT-I(99)-to-EMT-P Transition Course (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))
Exhibit A. Equipment Minimum Standards for the Arizona EMT-I Course, EMT-P Course, ALS Refresher, and EMT-I(99)-to-EMT-P Transition Course
Exhibit B. Arizona EMT-Intermediate Transition Course
Exhibit C. Arizona EMT-P Course and Arizona EMT-I(99)-to-EMT-P Transition Course Clinical Training and Field Training Competencies

ARTICLE 4. EMT CERTIFICATION

Article 4 repealed; new Article 4 made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

Article 4, consisting of Sections R9-25-401 through R9-25-411 and Exhibits I through K, adopted effective October 15, 1996 (Supp. 96-4).

Section
R9-25-401. EMT General Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), (A)(6), and (G) and 36-2204(1), (6), and (7))
R9-25-402. EMT Certification and Recertification Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (A)(6), 36-2202(G), and 36-2204(1), (6), and (7))
R9-25-403. EMT Probationary Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (A)(6), 36-2202(G), and 36-2204(1), (6), and (7))
R9-25-404. Application Requirements for EMT Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (G) and 36-2204(1) and (6))
R9-25-405. Application Requirements for Temporary Nonrenewable EMT-B or EMT-P Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), and (A)(4), 36-2202(G), and 36-2204(1), (6), and (7))
R9-25-406. Application Requirements for EMT Recertification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), (A)(6), and (G) and 36-2204(1), (4), and (6))
R9-25-407. Extension to File an Application for EMT Recertification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (6), 36-2202(G), and 36-2204(1), (4), (5), and (7))
R9-25-408. Requirements for Downgrading of Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (G) and 36-2204(1) and (6))
R9-25-409. Notification Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3) and (A)(4), 36-2204(1) and (6), and 36-2211)
R9-25-410. EMT Standards of Practice (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (A)(6), 36-2202(G), 36-2204(1), (6) and (7), 36-2205, and 36-2211)
R9-25-411. Enforcement Actions (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A(4), and (A)(6), 36-2202(G), 36-2204(1), (6) and (7), and 36-2211)
Exhibit I. Repealed
Exhibit J. Repealed
Exhibit K. Repealed
R9-25-412. Special EMT-I Certification and Recertification Conditions (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), (A)(6), and (G) and 36-2204(1), (4), and (6))

ARTICLE 5. MEDICAL DIRECTION PROTOCOLS FOR EMERGENCY MEDICAL TECHNICIANS

Article 5, consisting of R9-25-501 through R9-25-508, recodified from Article 8 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3).

Article 5 repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

Article 5, consisting of Sections R9-25-501 through R9-25-515 and Exhibit P, adopted effective October 15, 1996 (Supp. 96-4).

Section
R9-25-501. Protocol for Administration of a Vaccine, an Immunizing Agent, or a Tuberculin Skin Test by an EMT-I or an EMT-P
R9-25-502. EMT's Scope of Practice
R9-25-503. Protocol for an EMT to Administer, Monitor, or Assist in Patient Self-Administration of an Agent
Exhibit 1. Repealed
Exhibit 2. Repealed
Exhibit 3. Repealed
R9-25-504. Protocol for Selection of a Health Care Institution for Emergency Medical Patient Transport
R9-25-505. Protocol for IV Access by an EMT-B
Exhibit 1. Lecture/Lab Vascular Access for EMT-Basics
Exhibit 2. Course Outline
R9-25-506. Testing of Medical Treatments, Procedures, Medications, and Techniques that May Be Administered or Performed by an EMT
R9-25-507. Protocol for an EMT-P to Practice Knowledge and Skills in a Hazardous Materials Incident
R9-25-508. Protocol for an EMT-B to Perform Endotracheal Intubation
R9-25-509. Repealed
R9-25-510. Protocol for EMT-B Carrying and Administration of Aspirin (A.R.S. §§ 36-2202, 36-2204, 36-2205, and 36-2209)
Exhibit P. Repealed
R9-25-511. Protocol for EMT-B Use of an Esophageal Tracheal Double Lumen Airway Device (ETDLAD) (A.R.S. §§ 36-2202, 36-2204, 36-2205, and 36-2209)
R9-25-512. Grace Period for EMT-I(99)s Certified Before January 6, 2007
R9-25-513. Supplemental Skill Training Instructor Requirements
R9-25-514. Repealed
R9-25-515. Repealed

ARTICLE 6. REPEALED

Article 6 repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

Article 6, consisting of Sections R9-25-601 through R9-25-616 and Exhibits L through O and Q through S, adopted effective October 15, 1996 (Supp. 96-4).

Section
R9-25-601. Repealed
R9-25-602. Repealed
R9-25-603. Repealed
R9-25-604. Repealed
R9-25-605. Repealed
R9-25-606. Repealed
R9-25-607. Repealed
R9-25-608. Repealed
R9-25-609. Repealed
Exhibit R. Repealed
R9-25-610. Repealed
R9-25-611. Repealed
R9-25-612. Repealed
R9-25-613. Repealed
R9-25-614. Repealed
R9-25-615. Repealed
R9-25-616. Repealed
Exhibit S. Repealed
Exhibit G. Repealed
Exhibit L. Repealed
Exhibit M. Repealed
Exhibit N. Repealed
Exhibit O. Repealed
Exhibit Q. Repealed

ARTICLE 7. AIR AMBULANCE SERVICE LICENSING

Article 7, consisting of Sections R9-25-701 through R9-25-718 made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

Section
R9-25-701. Definitions (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2212, 36-2213, 36-2214, and 36-2215)
R9-25-702. Applicability (A.R.S. §§ 36-2202(A)(4) and 36-2217)
R9-25-703. Requirement and Eligibility for a License (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2212, 36-2213, 36-2214, and 36-2215)
R9-25-704. Initial Application and Licensing Process (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2213, 36-2214, and 36-2215)
R9-25-705. Renewal Application and Licensing Process (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2213, 36-2214, and 36-2215)
R9-25-706. Term and Transferability of License (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), 36-2213, 36-2214, and 41-1092.11)
R9-25-707. Changes Affecting a License (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2213)
R9-25-708. Inspections and Investigations (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), 36-2213, and 36-2214)
R9-25-709. Enforcement Actions (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), 36-2213, 36-2214, 36-2215, 41-1092.03, and 41-1092.11(B))
R9-25-710. Minimum Standards for Operations (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)
R9-25-711. Minimum Standards for Mission Staffing (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)
R9-25-712. Minimum Standards for Air Ambulance Safety, Equipment, and Supplies (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)
R9-25-713. Minimum Standards for Training (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2213)
R9-25-714. Minimum Standards for Communications (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)
R9-25-715. Minimum Standards for Medical Control (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)
R9-25-716. Minimum Standards for Recordkeeping (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2213)
R9-25-717. Minimum Standards for an Interfacility Neonatal Mission (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)
R9-25-718. Minimum Standards for an Interfacility Maternal Mission (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)

ARTICLE 8. AIR AMBULANCE REGISTRATION

Article 8, consisting of R9-25-801 through R9-25-808, recodified to Article 5 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3).

Article 8, consisting of R9-25-801, R9-25-802, Exhibits 1 through 4, and R9-25-803 Exhibit 1, recodified from A.A.C. R9-13-1501, R9-13-1502, Exhibits 1 through 4, and R9-13-1503 Exhibit 1; originally filed under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 98-1).

Article 8, consisting of Section R9-25-805 and Exhibits 1 through 3, adopted effective May 19, 1997, under an exemption from the provisions of A.R.S. Title 41, Chapter 6; filed in the Office of the Secretary of State May 21, 1997 (Supp. 97-2).

Section
R9-25-801. Definitions (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2212)
R9-25-802. Requirement, Eligibility, and Application for an Initial or Renewal Certificate of Registration for an Air Ambulance (A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), 36-2212, 36-2213, 36-2214, and 36-2240(4))
Exhibit 1. Repealed
Exhibit 2. Repealed
Exhibit 3. Repealed
Exhibit 4. Repealed
R9-25-803. Term and Transferability of Certificate of Registration (A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), 36-2212, and 41-1092.11)
Exhibit 1. Recodified
Exhibit 2. Recodified
R9-25-804. Changes Affecting Registration (A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), and 36-2212)
R9-25-805. Inspections (A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), 36-2212, and 36-2232(A)(11))
Exhibit 1. Recodified
Exhibit 2. Recodified
Exhibit 3. Repealed
R9-25-806. Enforcement Actions (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), 36-2212, 36-2234(L), 41-1092.03, and 41-1092.11(B))
R9-25-807. Minimum Standards for an Air Ambulance (A.R.S. §§ 36-2202(A)(3), (4), and (5); 36-2209(A)(2); and 36-2212)
Table 1. Minimum Equipment and Supplies Required on Air Ambulances, By Mission Level and Aircraft Type

(A.R.S. §§ 36-2202(A)(3), (4), and (5); 36-2209(A)(2); and 36-2212)
R9-25-808. Recodified

ARTICLE 9. GROUND AMBULANCE CERTIFICATE OF NECESSITY

Article 9, consisting of Sections R9-25-901 through R9-25-912, adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

Section
R9-25-901. Definitions (A.R.S. § 36-2202 (A))
R9-25-902. Application for an Initial Certificate of Necessity; Provision of ALS Services; Transfer of a Certificate of Necessity (A.R.S. §§ 36-2204, 36-2232, 36-2233(B), 36-2236(A) and (B), 36-2240)
R9-25-903. Determining Public Necessity (A.R.S. § 36-2233(B)(2))
R9-25-904. Application for Renewal of a Certificate of Necessity (A.R.S. §§ 36-2233, 36-2235, 36-2240)
R9-25-905. Application for Amendment of a Certificate of Necessity (A.R.S. §§ 36-2232(A)(4), 36-2240)
R9-25-906. Determining Response Times, Response Codes, and Response-Time Tolerances for Certificates of Necessity and Provision of ALS Services (A.R.S. §§ 36-2232, 36-2233)
R9-25-907. Observance of Service Area; Exceptions (A.R.S. § 36-2232)
R9-25-908. Transport Requirements; Exceptions (A.R.S. §§ 36-2224, 36-2232)
R9-25-909. Certificate of Insurance or Self-Insurance (A.R.S. §§ 36-2232, 36-2233, 36-2237)
R9-25-910. Record and Reporting Requirements (A.R.S. §§ 36-2232, 36-2241, 36-2246)
R9-25-911. Ground Ambulance Service Advertising (A.R.S. § 36-2232)
R9-25-912. Disciplinary Action (A.R.S. §§ 36-2244, 36-2245)
Exhibit A. Ambulance Revenue and Cost Report, General Information and Certification
Exhibit B. Ambulance Revenue and Cost Report, Fire District and Small Rural Company

ARTICLE 10. GROUND AMBULANCE VEHICLE REGISTRATION

Article 10, consisting of Sections R9-25-1001 through R9-25-1006, adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

Section
R9-25-1001. Initial and Renewal Application for a Certificate of Registration (A.R.S. §§ 36-2212, 36-2232, 36-2240)
R9-25-1002. Minimum Standards for Ground Ambulance Vehicles (A.R.S. § 36-2202(A)(5))
R9-25-1003. Minimum Equipment and Supplies for Ground Ambulance Vehicles Authorized by (A.R.S. § 36-2202(A)(5))
R9-25-1004. Minimum Staffing Requirements for Ground Ambulance Vehicles (A.R.S. §§ 36-2201(4), 36-2202(A)(5))
R9-25-1005. Ground Ambulance Vehicle Inspection; Major and Minor Defects (A.R.S. §§ 36-2202(A)(5), 36-2212, 36-2232, 36-2234)
R9-25-1006. Ground Ambulance Service Vehicle Identification (A.R.S. §§ 36-2212, 36-2232)

ARTICLE 11. GROUND AMBULANCE SERVICE RATES AND CHARGES; CONTRACTS

Article 11, consisting of Sections R9-25-1101 through R9-25-1110, adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

Section
R9-25-1101. Application for Establishment of Initial General Public Rates (A.R.S. §§ 36-2232, 36-2239)
R9-25-1102. Application for Adjustment of General Public Rates (A.R.S. §§ 36-2234, 36-2239)
R9-25-1103. Application for a Contract Rate or Range of Rates Less than General Public Rates (A.R.S. §§ 36-2234(G) and (I), 36-2239)
R9-25-1104. Ground Ambulance Service Contracts (A.R.S. §§ 36-2232, 36-2234(K))
R9-25-1105. Application for Provision of Subscription Service and Establish a Subscription Service Rate (A.R.S. § 36-2232(A)(1))
R9-25-1106. Rate of Return Setting Considerations (A.R.S. §§ 36-2232, 36-2239)
R9-25-1107. Rate Calculation Factors (A.R.S. § 36-2232)
R9-25-1108. Implementation of Rates and Charges (A.R.S. §§ 36-2232, 36-2239)
R9-25-1109. Charges (A.R.S. §§ 36-2232, 36-2239(D))
R9-25-1110. Invoices (A.R.S. §§ 36-2234, 36-2239)

ARTICLE 12. TIME-FRAMES FOR DEPARTMENT APPROVALS

Article 12, consisting of Section R9-25-1201, Table 1, and Exhibits A and B, adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

Section
R9-25-1201. Time-frames (A.R.S. §§ 41-1072 through 41-1079)
Table 1. Time-frames (in days)
Exhibit A. Recodified
Exhibit B. Recodified

ARTICLE 13. TRAUMA CENTER DESIGNATION

Article 13, consisting of Section R9-25-1301 through R9-25-1315, Table 1 and Exhibit I, made by final rulemaking at 11 A.A.R. 4363, effective October 6, 2005 (Supp. 05-4).

Section
R9-25-1301. Definitions (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))
R9-25-1302. Eligibility for Designation (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))
R9-25-1303. Grace Period for Self-Designated Level I Trauma Facilities (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))
R9-25-1304. Initial Application and Designation Process (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))
R9-25-1305. Eligibility for Provisional Designation; Provisional Designation Process (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))
R9-25-1306. Designation Renewal Process (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))
R9-25-1307. Term of Designation (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))
R9-25-1308. Changes Affecting Designation Status (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))
R9-25-1309. Modification of Designation (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))

R9-25-1310. On-Site Survey for Designation as a Level IV Trauma Center Based on Meeting the State Standards (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))
R9-25-1311. Investigations (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4) and (5))
R9-25-1312. Denial or Revocation of Designation (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))
R9-25-1313. Trauma Center Responsibilities (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4), (5), and (6))
R9-25-1314. Confidentiality of Information (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4) and (6))
R9-25-1315. Application Processing Time Periods (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))
Table 1. Application Processing Time Periods (in days) (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))
Exhibit I. Arizona Trauma Center Standards (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))

ARTICLE 14. TRAUMA REGISTRY; TRAUMA SYSTEM QUALITY ASSURANCE

Article 14, consisting of Sections R9-25-1401 through R9-25-1406 and Table 1, made by final rulemaking at 13 A.A.R. 4301, effective January 12, 2008 (Supp. 07-4).

Section
R9-25-1401. Definitions (Authorized by A.R.S. §§ 36-2202(A)(4), 36-2208(A), 36-2209(A)(2), 36-2221, and 36-2225(A)(5) and (6))
R9-25-1402. Data Submission Requirements (Authorized by A.R.S. §§ 36-2202(A)(4), 36-2208(A), 36-2209(A)(2), 36-2221, and 36-2225(A)(5) and (6))
Table 1. Trauma Registry Data Set (Authorized by A.R.S. §§ 36-2202(A)(4), 36-2208(A), 36-2209(A)(2), 36-2221, and 36-2225(A)(5) and (6))
R9-25-1403. Trauma System Data Reports; Requests for Trauma Registry Reports (Authorized by A.R.S. §§ 36-2202(A)(4), 36-2208(A), 36-2209(A)(2), 36-2220(A), 36-2221, and 36-2225(A)(5) and (6))
R9-25-1404. Retention of Reports and Requests for Reports (Authorized by A.R.S. §§ 36-2202(A)(4), 36-2208(A), 36-2209(A)(2), 36-2221, and 36-2225(A)(5) and (6))
R9-25-1405. Confidentiality and Retention of Trauma System Quality Assurance Data (Authorized by A.R.S. §§ 36-2202(A)(4), 36-2208(A), 36-2209(A)(2), 36-2220(A), 36-2221, 36-2223(E)(3), 36-2225(A)(5) and (6), 36-2403(A), and 36-2404)
R9-25-1406. Trauma Registry Data Quality Assurance (Authorized by A.R.S. §§ 36-2202(A)(4), 36-2208(A), 36-2209(A)(2), 36-2220(A), 36-2221, and 36-2225(A)(5) and (6))

ARTICLE 1. DEFINITIONS

R9-25-101. Definitions (Authorized by A.R.S. §§ 36-2201, 36-2202, 36-2204, and 36-2205)

The following definitions apply in this Chapter, unless otherwise specified:

1. "Administer" or "administration" means to directly apply or the direct application of an agent to the body of a patient by injection, inhalation, ingestion, or any other means and includes adjusting the administration rate of an agent.
2. "Administrative medical direction" has the same meaning as in A.R.S. § 36-2201.
3. "Administrative medical director" means an individual qualified under R9-25-204 who provides administrative medical direction as required under R9-25-204.
4. "Advanced procedure" means an emergency medical service provided by an EMT that:
   a. Requires skill or training beyond the basic skills or training prescribed in the Arizona EMT-B course as defined in R9-25-305; or
   b. Is designated in A.R.S. Title 36, Chapter 21.1 or this Chapter as requiring medical direction.
5. "Agent" means a chemical or biological substance that is administered to a patient to treat or prevent a medical condition.
6. "ALS base hospital" has the same meaning as "advanced life support base hospital" in A.R.S. § 36-2201.
7. "Ambulance service" has the same meaning as in A.R.S. § 36-2201.
8. "Centralized medical direction communications center" has the same meaning as in A.R.S. § 36-2201.
9. "Chief administrative officer" means an individual assigned to act on behalf of an ALS base hospital or a training program certified under Article 3 of this Chapter by the body organized to govern and manage the ALS base hospital or the training program.
10. "Clinical training" means to provide an individual with experience and instruction in providing direct patient care in a health care institution.
11. "Communication protocol" means a written guideline prescribing:
    a. How an EMT shall:
       i. Request and receive on-line medical direction;
       ii. Notify an on-line physician before arrival of an EMT's intent to transport a patient to a health care institution; and
       iii. Notify a health care institution before arrival of an EMT's intent to transport a patient to the health care institution; and
    b. What procedures an EMT shall follow in a communications equipment failure.
12. "Conspicuously post" means to make visible to patients and other individuals by displaying on an object, such as a wall or bulletin board.
13. "Controlled substance" has the same meaning as in A.R.S. § 32-1901.
14. "Course content outline" means a sequential listing of subject matter, objectives, skills, and competencies to be taught or tested.
15. "Custody" means physical control and may include constructive physical control, such as where a supply of agents is stored in a receptacle that is locked and sealed with an individually identifiable tamper-proof seal that would be broken if the receptacle were opened.
16. "Dangerous drug" has the same meaning as in A.R.S. § 13-3401.
17. "Day" means a calendar day.
18. "Department" means the Arizona Department of Health Services.
19. "Document" or "documentation" means signed and dated information in written, photographic, electronic, or other permanent form.
20. "Drug" has the same meaning as in A.R.S. § 32-1901.
21. "Drug distributor" means a person with a current and valid pharmacy permit or wholesaler permit, issued by

the Arizona State Board of Pharmacy, that allows the person to distribute drugs in Arizona.

22. "Electronic signature" has the same meaning as in A.R.S. § 41-351.
23. "Emergency medical services" has the same meaning as in A.R.S. § 36-2201.
24. "Emergency medical services provider" has the same meaning as in A.R.S. § 36-2201.
25. "EMT" has the same meaning as "certified emergency medical technician" in A.R.S. § 36-2201.
26. "EMT-B" has the same meaning as "basic emergency medical technician" in A.R.S. § 36-2201.
27. "EMT-I" has the same meaning as "intermediate emergency medical technician" in A.R.S. § 36-2201.
28. "EMT-I(85)" means an individual certified as an EMT-I who does not hold current NREMT-Intermediate registration, as defined in this Section, and who has not completed the Arizona EMT-I course, as defined in R9-25-307, or the Arizona EMT-Intermediate transition course, as defined in R9-25-301.
29. "EMT-I(99)" means an individual certified as an EMT-I who has completed:
    a. The Arizona EMT-I course, as defined in R9-25-307; or
    b. The Arizona EMT-Intermediate transition course, as defined in R9-25-301.
30. "EMT-P" has the same meaning as "emergency paramedic" in A.R.S. § 36-2201.
31. "FDA" means U.S. Food and Drug Administration.
32. "Field training" means to provide an individual with emergency medical services experience and training outside of a health care institution or a training program facility.
33. "General hospital" has the same meaning as in R9-10-201.
34. "Health care decision maker" has the same meaning as in A.R.S. § 12-2291.
35. "Health care institution" has the same meaning as in A.R.S. § 36-401.
36. "In use" means in the immediate physical possession of an EMT and readily accessible for potential imminent administration to a patient.
37. "Incapacitated adult" means an individual older than 18 years of age for whom a guardian, as defined in A.R.S. § 14-1201, has been appointed.
38. "Infusion pump" means an FDA-approved device, operated mechanically, electrically, or osmotically, that releases a measured amount of an agent into a patient's circulatory system in a specific period of time.
39. "Interfacility transport" means an ambulance transport of a patient from one health care institution to another health care institution.
40. "Intermediate emergency medical technician level" means completion of training that meets or exceeds the training provided in the U.S. Department of Transportation, National Highway Traffic Safety Administration, EMT-Intermediate: National Standard Curriculum (1999), incorporated by reference in R9-25-307(A)(1).
41. "IV" means intravenous.
42. "Locked" means secured with a key, including a magnetic, electronic, or remote key, or combination so that opening is not possible except by using the key or entering the combination.
43. "Medical direction" means administrative medical direction or on-line medical direction.
44. "Medical record" has the same meaning as in A.R.S. § 36-2201.
45. "Minor" means an individual younger than 18 years of age who is not emancipated.
46. "Monitor" means to observe the administration rate of an agent and the patient response to the agent and may include discontinuing administration of the agent.
47. "Narcotic drug" has the same meaning as "narcotic drugs" in A.R.S. § 13-3401.
48. "NREMT" means the National Registry of Emergency Medical Technicians.
49. "NREMT-Intermediate registration" means EMT-Intermediate/99 registration granted by NREMT.
50. "On-line medical direction" means emergency medical services guidance or information provided to an EMT by an on-line physician through two-way voice communication.
51. "On-line physician" means an individual qualified under R9-25-205 who provides on-line medical direction as required under R9-25-205.
52. "Patient" means an individual who is sick, injured, or wounded and who requires medical monitoring, medical treatment, or transport.
53. "Person" means:
    a. An individual;
    b. A business organization such as an association, cooperative, corporation, limited liability company, or partnership; or
    c. An administrative unit of the U.S. government, state government, or a political subdivision of the state.
54. "Physician" has the same meaning as in A.R.S. § 36-2201.
55. "Physician assistant" has the same meaning as in A.R.S. § 32-2501.
56. "Practical nurse" has the same meaning as in A.R.S. § 32-1601.
57. "Practicing emergency medicine" means acting as an emergency medicine physician in a hospital emergency department.
58. "Prehospital incident history report" has the same meaning as in A.R.S. § 36-2220.
59. "Proficiency in advanced emergency cardiac life support" means:
    a. Completion of 16 clock hours of organized training covering:
        i. Electrocardiographic rhythm interpretation;
        ii. Oral, tracheal, and nasal airway management;
        iii. Nasotracheal intubation and surgical cricothyrotomy;
        iv. Peripheral and central intravenous lines; and
        v. Pharmacologic, mechanical, and electrical arrhythmia interventions; and
    b. Every 24 months after meeting the requirement in subsection (a), completion of additional training as determined by the training provider covering the subject matter listed in subsection (a).
60. "Proficiency in advanced trauma life support" means:
    a. Completion of 16 clock hours of organized training covering:
        i. Rapid and accurate patient assessment,
        ii. Patient resuscitation and stabilization,
        iii. Patient transport or transfer, and
        iv. Patient treatment and care; and
    b. Every 48 months after meeting the requirement in subsection (a), completion of additional training as

determined by the training provider covering the subject matter listed in subsection (a).

61. "Proficiency in cardiopulmonary resuscitation" means:
    a. Completion of eight clock hours of organized training covering:
        i. Adult and pediatric resuscitation,
        ii. Rescuer scenarios and use of a bag-valve mask,
        iii. Adult and child foreign-body airway obstruction in conscious and unconscious patients,
        iv. Automated external defibrillation,
        v. Special resuscitation situations, and
        vi. Common cardiopulmonary emergencies; and
    b. Every 24 months after meeting the requirement in subsection (a), completion of additional training as determined by the training provider covering the subject matter listed in subsection (a).
62. "Proficiency in pediatric emergency care" means:
    a. Completion of 16 clock hours of organized training covering:
        i. Pediatric rhythm interpretation;
        ii. Oral, tracheal, and nasal airway management;
        iii. Nasotracheal intubation and surgical cricothyrotomy;
        iv. Peripheral and central intravenous lines;
        v. Intraosseous infusion;
        vi. Needle thoracostomy; and
        vii. Pharmacologic, mechanical, and electrical arrhythmia interventions; and
    b. Every 24 months after meeting the requirement in subsection (40)(a), completion of additional training as determined by the training provider covering the subject matter listed in subsection (40)(a).
63. "Registered nurse" has the same meaning as in A.R.S. § 32-1601.
64. "Registered nurse practitioner" has the same meaning as in A.R.S. § 32-1601.
65. "Session" means an offering of a course, during a period of time designated by a training program certificate holder, for a specific group of students.
66. "Standing order" means a treatment protocol or triage protocol that authorizes an EMT to act without on-line medical direction.
67. "Substantially constructed cabinet" means a hard-shelled container that is difficult to breach without the use of a power cutting tool.
68. "Supervise" or "supervision" has the same meaning as "supervision" in A.R.S. § 36-401.
69. "Transport agent" means an agent that an EMT at a specified level of certification is authorized to administer only during interfacility transport of a patient for whom the agent's IV administration was started at the sending health care institution.
70. "Treatment protocol" means a written guideline that prescribes:
    a. How an EMT shall perform a medical treatment on a patient or administer an agent to a patient; and
    b. When on-line medical direction is required, if the protocol is not a standing order.
71. "Triage protocol" means a written guideline that prescribes:
    a. How an EMT shall:
        i. Assess and prioritize the medical condition of a patient,
        ii. Select a health care institution to which a patient may be transported, and
        iii. Transport a patient to a health care institution; and
    b. When on-line medical direction is required, if the protocol is not a standing order.
72. "Unauthorized individual" means an individual who is not:
    a. A certified EMT obtaining access to an agent to provide emergency medical services within the EMT's scope of practice,
    b. A licensed health care provider obtaining access to an agent to provide emergency medical services within the scope of practice of the health care provider's license, or
    c. An individual working for an emergency medical services provider whose job duties result in the individual's having access to an agent.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Amended by exempt rulemaking at 7 A.A.R. 4888, effective November 1, 2001 (Supp. 01-4). Amended by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4).

ARTICLE 2. MEDICAL DIRECTION; ALS BASE HOSPITAL CERTIFICATION

R9-25-201. Required Medical Direction (A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7) and 36-2205(A) and (E))

A. An EMT-B authorized to perform an advanced procedure shall not perform an advanced procedure unless the EMT has administrative medical direction and is able to receive on-line medical direction.

B. An EMT-I or EMT-P shall not act as an EMT-I or EMT-P unless the EMT has administrative medical direction and is able to receive on-line medical direction.

C. An emergency medical services provider or an ambulance service shall ensure that an EMT acting as an EMT for the emergency medical services provider or the ambulance service has administrative medical direction and is able to receive on-line medical direction, if required in subsections (A) or (B).

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Former R9-25-201 renumbered to R9-25-207; new R9-25-201 made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-202. General Requirements for Provision of Administrative Medical Direction (A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7), 36-2204.01, and 36-2205(A) and (E))

An emergency medical services provider, an ambulance service, an ALS base hospital, or a centralized medical direction communications center that provides administrative medical direction shall:

1. Provide administrative medical direction:
    a. Through an administrative medical director qualified under R9-25-204, and
    b. As required in R9-25-204;
2. Maintain for Department review:
    a. The name, address, and telephone number of each administrative medical director;
    b. Documentation that an administrative medical director is qualified under R9-25-204; and
    c. Policies, procedures, protocols, and documentation required under R9-25-204;

3. Notify the Department in writing no later than ten days after the date the emergency medical services provider, ambulance service, ALS base hospital, or centralized medical direction communications center providing administrative medical direction to an EMT:
   a. Withdraws the EMT's administrative medical direction, or
   b. Reinstates the EMT's administrative medical direction; and
4. Notify the Department in writing no later than ten days after the date the emergency medical services provider, ambulance service, ALS base hospital, or centralized medical direction communications center providing administrative medical direction to an EMT becomes aware that the EMT:
   a. Is incarcerated or is on parole, supervised release, or probation for a criminal conviction;
   b. Is convicted of a crime listed in R9-25-402(A)(2), a misdemeanor involving moral turpitude, or a felony in this state or any other state or jurisdiction;
   c. Is convicted of a misdemeanor identified in R9-25-403(A) in this state or any other state or jurisdiction;
   d. Has registration revoked or suspended by NREMT; or
   e. Has EMT certification, recertification, or licensure revoked or suspended in another state or jurisdiction.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Former R9-25-202 renumbered to R9-25-208; new R9-25-202 made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

Exhibit A. Repealed

Historical Note

Exhibit A adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-203. General Requirements for Provision of On-line Medical Direction (A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7), 36-2204.01, and 36-2205(A) and (E))

A. An emergency medical services provider, an ambulance service, an ALS base hospital, or a centralized medical direction communications center that provides on-line medical direction shall:
1. Provide on-line medical direction:
   a. Through an on-line physician qualified under R9-25-205, and
   b. As required in R9-25-205; and
2. Maintain for Department review:
   a. The name, address, and telephone number of each on-line physician; and
   b. Documentation that an on-line physician is qualified under R9-25-205.

B. An emergency medical services provider, an ambulance service, an ALS base hospital, or a centralized medical direction communications center that provides on-line medical direction shall:
1. Have operational and accessible communication equipment that will allow an on-line physician to give on-line medical direction.
2. Have a written plan for alternative communications with an EMT in the event of disaster, communication equipment breakdown or repair, power outage, or malfunction; and
3. Have an on-line physician qualified under R9-25-205 available to give on-line medical direction to an EMT 24 hours a day, seven days a week.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-204. Administrative Medical Director Qualifications and Responsibilities (Authorized by A.R.S. §§ 36-2201; 36-2202(A)(3) and (A)(4); 36-2204(5), (6), and (7); 36-2204.01; 36-2208(A); and 36-2209(A)(2))

A. An individual shall not act as an administrative medical director unless the individual:
1. Is a physician; and
2. Meets one of the following:
   a. Has emergency medicine certification from a specialty board recognized by the Arizona Medical Board or the Arizona Board of Osteopathic Examiners in Medicine and Surgery;
   b. Has completed an emergency medicine residency training program accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association; or
   c. Is practicing emergency medicine and has:
      i. Proficiency in advanced emergency cardiac life support,
      ii. Proficiency in advanced trauma life support, and
      iii. Proficiency in pediatric emergency care.

B. An administrative medical director shall act only on behalf of:
1. An emergency medical services provider;
2. An ambulance service;
3. An ALS base hospital certified under this Article;
4. A centralized medical direction communications center; or
5. The Department, as provided in A.R.S. § 36-2202(J).

C. An administrative medical director:
1. Shall coordinate the provision of administrative medical direction to EMTs; and
2. May delegate responsibilities to an individual as necessary to fulfill the requirements in this Section, if the individual is:
   a. A physician,
   b. A physician assistant,
   c. A registered nurse practitioner,
   d. A registered nurse,
   e. A practical nurse, or
   f. An EMT-I or EMT-P.

D. An administrative medical director shall:
1. Ensure that an EMT receives administrative medical direction as required under A.R.S. Title 36, Chapter 21.1 and this Chapter;
2. Approve, ensure implementation of, and annually review treatment protocols, triage protocols, and communications protocols for an EMT to follow that are consistent with:
   a. A.R.S. Title 36, Chapter 21.1 and this Chapter; and
   b. The EMT's scope of practice as identified under Article 5 of this Chapter;
3. Approve, ensure implementation of, and annually review policies and procedures that an EMT shall follow for medical recordkeeping, medical reporting, and completion and processing of prehospital incident history reports that are consistent with:

a. A.R.S. Title 36, Chapter 21.1 and this Chapter; and
b. The EMT's scope of practice as identified under Article 5 of this Chapter;

4. Approve, ensure implementation of, and annually review policies and procedures governing the administrative medical direction of an EMT, including policies and procedures for:
   a. Monitoring and evaluating an EMT's compliance with treatment protocols, triage protocols, and communications protocols;
   b. Monitoring and evaluating an EMT's compliance with medical recordkeeping, medical reporting, and prehospital incident history report requirements;
   c. Monitoring and evaluating an EMT's performance as authorized by the EMT's scope of practice as identified under Article 5 of this Chapter;
   d. Ensuring that an EMT receives ongoing education, training, or remediation necessary to promote ongoing professional competency and compliance with EMT standards of practice established in R9-25-410;
   e. Withdrawing an EMT's administrative medical direction; and
   f. Reinstating an EMT's administrative medical direction; and
5. Approve, ensure implementation of, and annually review policies and procedures for a quality assurance process to evaluate the effectiveness of the administrative medical direction provided to EMTs.

E. An administrative medical director shall:
1. Annually document that the administrative medical director has reviewed A.R.S. Title 36, Chapter 21.1 and this Chapter; and
2. Ensure that an individual to whom the administrative medical director delegates authority to fulfill the requirements in this Section annually documents that the individual has reviewed A.R.S. Title 36, Chapter 21.1 and this Chapter.

F. An administrative medical director for an emergency medical services provider shall ensure that:
1. Each EMT for whom the administrative medical director provides administrative medical direction administers an agent only if the EMT is authorized to administer the agent under Article 5 of this Chapter;
2. Each EMT for whom the administrative medical director provides administrative medical direction monitors an agent only if the EMT is authorized to monitor or administer the agent under Article 5 of this Chapter;
3. Each EMT for whom the administrative medical director provides administrative medical direction assists in patient self-administration of an agent only if:
   a. The EMT is authorized either to assist in patient self-administration of the agent or to administer the agent under Article 5 of this Chapter;
   b. The agent is supplied by the patient;
   c. The patient or, if the patient is a minor or incapacitated adult, the patient's health care decision maker indicates that the agent is currently prescribed for the patient's symptoms; and
   d. The agent is in its original container and not expired;
4. Each agent to which an EMT has access while on duty for the emergency medical services provider is obtained only from a person authorized by law to prescribe the agent or with a current and valid permit, issued by the Arizona State Board of Pharmacy, authorizing the person to operate a drug wholesaler or a pharmacy;
5. Each transfer of an agent between the emergency medical services provider and another emergency medical services provider is documented as required by the Arizona State Board of Pharmacy and the U.S. Drug Enforcement Administration;
6. The emergency medical services provider establishes, implements, and complies with a written standard operating procedure, applicable to each EMT for whom the administrative medical director provides administrative medical direction, that requires:
   a. A written chain of custody for each supply of agents, including at least the following:
      i. The name, EMT certification number, or employee identification number of each individual who takes custody of the supply of agents; and
      ii. The time and date that each individual takes custody of the supply of agents;
   b. Each individual who takes custody of a supply of agents to do the following:
      i. Upon initially taking custody of the supply of agents, inspect the supply of agents for expired agents, deteriorated agents, damaged or altered agent containers or labels, and depleted or missing agents;
      ii. Upon determining that any of the conditions described in subsection (F)(6)(b)(i) exists, document the condition, notify the administrative medical director if a controlled substance is depleted or missing, and obtain a replacement for each affected agent for which the minimum supply is not present; and
      iii. Record each administration of an agent on a prehospital incident history report, as defined in A.R.S. § 36-2220;
   c. Each EMT on duty for the emergency medical services provider to have access to at least the minimum supply of agents required for the highest level of service to be provided by the EMT;
   d. That, except while in use, each agent to which an EMT has access while on duty for the emergency medical services provider is:
      i. Secured in a dry, clean, washable receptacle;
      ii. While on a motor vehicle or aircraft, secured in a manner that restricts movement of the agent and its receptacle; and
      iii. If a controlled substance, locked in a substantially constructed cabinet; and
   e. That each agent to which an EMT has access while on duty for the emergency medical services provider is kept inaccessible to unauthorized individuals at all times;
7. Each EMT for whom the administrative medical director provides administrative medical direction has access to a copy of the emergency medical services provider's written standard operating procedure required under subsection (F)(6) while on duty for the emergency medical services provider;
8. The administrative medical director notifies the Department in writing within 10 days after the administrative medical director receives notice, as required under subsection (F)(6)(b)(ii), that any quantity of a controlled substance is missing; and
9. The administrative medical director complies with all Arizona State Board of Pharmacy and U.S. Drug

Enforcement Administration requirements related to the control of agents.

G. Subsections (F)(4)-(9) do not apply to an administrative medical director for an emergency medical services provider if:
1. The emergency medical services provider obtains all of its agents from an ALS base hospital pharmacy, and
2. The agents provided to the emergency medical services provider are owned by the ALS base hospital that provides them.

Historical Note
Adopted effective October 15, 1996 (Supp. 96-4). Former R9-25-204 renumbered to R9-25-209; new R9-25-204 made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4).

R9-25-205. On-line Medical Director Qualifications and Responsibilities (A.R.S. §§ 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7), and 36-2204.01)

A. An individual shall not act as an on-line physician unless the individual:
1. Is a physician; and
2. Meets one of the following:
   a. Has emergency medicine certification from a specialty board recognized by the Arizona Medical Board or the Arizona Board of Osteopathic Examiners in Medicine and Surgery;
   b. Has completed an emergency medicine residency training program accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association; or
   c. Is practicing emergency medicine and has:
      i. Proficiency in advanced emergency cardiac life support,
      ii. Proficiency in advanced trauma life support, and
      iii. Proficiency in pediatric emergency care.

B. An individual shall act as an on-line physician only on behalf of:
1. An emergency medical services provider,
2. An ambulance service,
3. An ALS base hospital certified under this Article, or
4. A centralized medical direction communications center.

C. An on-line physician shall give on-line medical direction to an EMT:
1. As required under A.R.S. Title 36, Chapter 21.1 and 9 A.A.C. 25;
2. Consistent with the EMT's scope of practice as identified under Article 5 of this Chapter;
3. Consistent with treatment protocols, triage protocols, and communication protocols approved by the EMT's administrative medical director; and
4. Consistent with medical recordkeeping, medical reporting, and prehospital incident history report requirements approved by the EMT's administrative medical director.

D. An on-line physician may allow an individual acting under the supervision of the on-line physician to relay on-line medical direction, if the individual is:
1. A physician,
2. A physician assistant,
3. A registered nurse practitioner,
4. A registered nurse,
5. A practical nurse, or
6. An EMT-I or EMT-P.

Historical Note
Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 13 A.A.R. 3014, effective October 6, 2007 (Supp. 07-3).

R9-25-206. Centralized Medical Direction Communications Center (A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204.01)

A. Pursuant to A.R.S. § 36-2204.01, an emergency medical services provider or an ambulance service may provide centralized medical direction by:
1. Solely operating one or more centralized medical direction communications centers;
2. Joining with one or more emergency medical services providers or ambulance services to operate one or more centralized medical direction communications centers; or
3. Entering into an agreement with one or more centralized medical direction communications centers to provide medical direction to EMTs acting as EMTs for the emergency medical services provider or the ambulance service.

B. For the purposes of A.R.S. § 36-2201(7), a "freestanding communications center":
1. May be housed within one or more physical facilities, and
2. Is not limited to a single physical location.

C. For the purposes of A.R.S. § 36-2201(7)(b), a centralized medical direction communications center shall be "staffed" if an on-line physician qualified under R9-25-205 is available to give on-line medical direction to an EMT 24 hours a day, seven days a week.

Historical Note
Adopted effective October 15, 1996 (Supp. 96-4). Amended effective November 30, 1998; filed in the Office of the Secretary of State November 24, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C) (Supp. 98-4). Amended by exempt rulemaking at 7 A.A.R. 4888, effective November 1, 2001 (Supp. 01-4). Former R9-25-206 renumbered to R9-25-210; new R9-25-206 made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

The following Exhibit was repealed under an exemption from the provisions of A.R.S. Title 41, Chapter 6, pursuant to A.R.S. § 36-2205(C). Exemption from A.R.S. Title 41, Chapter 6 means that the Department did not submit this change to the Secretary of State's Office for publication in the Arizona Administrative Register as proposed rules; the Department did not submit the change to the Governor's Regulatory Review Council for review; and the Department was not required to hold public hearings on the repealing of this Exhibit (Supp. 98-4).

Exhibit B. Repealed

Historical Note
Exhibit B adopted effective October 15, 1996 (Supp. 96-4). Repealed effective November 30, 1998; filed in the Office of the Secretary of State November 24, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C) (Supp. 98-4).

R9-25-207. ALS Base Hospital General Requirements (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5), (6), and (7))

A. A person shall not operate as an ALS base hospital without certification from the Department.

B. The Department shall not certify an ALS base hospital if:
1. Within five years before the date of filing an application required by this Article, the Department has decertified the ALS base hospital; or
2. The applicant knowingly provides false information on or with an application required by this Article.

C. The Department shall certify an ALS base hospital if the applicant:
1. Is not ineligible for certification under subsection (B);
2. Is licensed as a general hospital under 9 A.A.C. 10, Article 2 or is a general hospital operated in this state by the United States federal government or by a sovereign tribal nation;
3. Has at least one written agreement that meets the requirements of A.R.S. § 36-2201(2); and
4. Meets the application requirements in R9-25-208.

D. An ALS base hospital certificate is valid only for the name and address listed by the Department on the certificate.

E. An ALS base hospital certificate holder shall:
1. Conspicuously post the original or a copy of the ALS base hospital certificate in the emergency room lobby or emergency room reception area of the ALS base hospital; and
2. Return an ALS base hospital certificate to the Department immediately upon decertification by the Department pursuant to R9-25-211 or upon voluntarily ceasing to act as an ALS base hospital.

F. Every 24 months after certification, the Department shall inspect, pursuant to A.R.S. § 41-1009, an ALS base hospital to determine ongoing compliance with the requirements of this Article.

G. The Department may inspect, pursuant to A.R.S. § 41-1009, an ALS base hospital:
1. As part of the substantive review time-frame required in A.R.S. §§ 41-1072 through 41-1079; or
2. As necessary to determine compliance with the requirements of this Article.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Former R9-25-207 repealed; new R9-25-207 renumbered from R9-25-201 and amended by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-208. Application Requirements for ALS Base Hospital Certification (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5))

A. An applicant for ALS base hospital certification shall submit to the Department an application including:
1. An application form provided by the Department containing:
   a. The applicant's name, address, and telephone number;
   b. The name and telephone number of the applicant's chief administrative officer;
   c. The name, address, and telephone number of each administrative medical director;
   d. The name, address, and telephone number of each on-line physician;
   e. Attestation that the applicant meets the communication requirements in R9-25-203(B);
   f. Attestation that the applicant will comply with all requirements in A.R.S. Title 36, Chapter 21.1 and 9 A.A.C. 25;
   g. Attestation that all information required as part of the application has been submitted and is true and accurate; and
   h. The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature;
2. A copy of the applicant's current general hospital license issued under 9 A.A.C. 10, Article 2, if applicable; and
3. A copy of each executed written agreement, including all attachments and exhibits, described in A.R.S. § 36-2201(2).

B. The Department shall approve or deny an application under this Section pursuant to Article 12 of this Chapter.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Former R9-25-208 repealed; new R9-25-208 renumbered from R9-25-202 and amended by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-209. Amendment of an ALS Base Hospital Certificate (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5) and (6))

A. No later than 10 days after the date of a change in the name listed on the ALS base hospital certificate, an ALS base hospital certificate holder shall submit to the Department an application form provided by the Department containing:
1. The new name and the effective date of the name change;
2. Attestation that all information submitted to the Department is true and correct; and
3. The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature.

B. No later than 10 days after the date of a change in the address listed on an ALS base hospital certificate or a change of ownership, as defined in R9-10-101, an ALS base hospital certificate holder shall submit to the Department an application required in R9-25-208(A).

C. The Department shall approve or deny an application under this Section pursuant to Article 12 of this Chapter.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Former R9-25-209 repealed; new R9-25-209 renumbered from R9-25-204 and amended by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-210. ALS Base Hospital Authority and Responsibilities (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5) and (6), 36-2208(A), and 36-2209(A)(2))

A. An ALS base hospital certificate holder shall:
1. Provide both administrative medical direction and on-line medical direction;
2. Comply with the requirements in R9-25-202, R9-25-203, R9-25-204, and R9-25-205;
3. Ensure that personnel are available to provide:
   a. Administrative medical direction as required in R9-25-204, and
   b. On-line medical direction as required in R9-25-205; and
4. Provide administrative medical direction and on-line medical direction to each EMT pursuant to a written

agreement that meets the requirements of A.R.S. § 36-2201(2).

B. An ALS base hospital certificate holder shall:
1. No later than 24 hours after ceasing to meet the requirement in R9-25-207(C)(2) or R9-25-207(C)(3), notify the Department in writing; and
2. No later than 48 hours after terminating, adding, or amending a written agreement required in R9-25-207(C)(3), notify the Department in writing and, if applicable, submit to the Department a copy of the new or amended written agreement that meets the requirements of R9-25-207(C)(3).

C. An ALS base hospital may act as a training program without training program certification from the Department, if the ALS base hospital:
1. Is eligible for training program certification as provided in R9-25-301(C); and
2. Complies with the requirements in R9-25-301(I) and R9-25-304 through R9-25-318 and the Exhibits to Article 3 of this Chapter.

D. If an ALS base hospital's pharmacy provides all of the agents for an emergency medical services provider, and the ALS base hospital owns the agents provided, the ALS base hospital's certificate holder shall ensure, through the ALS base hospital's pharmacist-in-charge, that:
1. Each agent to which an EMT has access while on duty for the emergency medical services provider is obtained only from a person authorized by law to prescribe the agent or with a current and valid permit, issued by the Arizona State Board of Pharmacy, authorizing the person to operate a drug wholesaler or a pharmacy;
2. Each transfer of an agent between the emergency medical services provider and another emergency medical services provider is documented as required by the Arizona State Board of Pharmacy and the U.S. Drug Enforcement Administration;
3. The emergency medical services provider establishes, implements, and complies with a written standard operating procedure, applicable to each EMT for whom the ALS base hospital supplies agents or provides administrative medical direction, that requires:
   a. A written chain of custody for each supply of agents, including at least the following:
      i. The name, EMT certification number, or employee identification number of each individual who takes custody of the supply of agents; and
      ii. The time and date that each individual takes custody of the supply of agents;
   b. Each individual who takes custody of a supply of agents to do the following:
      i. Upon initially taking custody of the supply of agents, inspect the supply of agents for expired agents, deteriorated agents, damaged or altered agent containers or labels, and depleted or missing agents;
      ii. Upon determining that any of the conditions described in subsection (D)(3)(b)(i) exists, document the condition, notify the ALS base hospital's pharmacist-in-charge if a controlled substance is depleted or missing, and obtain a replacement for each affected agent for which the minimum supply is not present; and
      iii. Record each administration of an agent on a prehospital incident history report, as defined in A.R.S. § 36-2220;
   c. Each EMT on duty for the emergency medical services provider to have access to at least the minimum supply of agents required for the highest level of service to be provided by the EMT;
   d. That, except while in use, each agent to which an EMT has access while on duty for the emergency medical services provider is:
      i. Secured in a dry, clean, washable receptacle;
      ii. While on a motor vehicle or aircraft, secured in a manner that restricts movement of the agent and its receptacle; and
      iii. If a controlled substance, locked in a substantially constructed cabinet; and
   e. That each agent to which an EMT has access while on duty for the emergency medical services provider is kept inaccessible to unauthorized individuals at all times;
4. Each EMT for whom the ALS base hospital supplies agents or provides administrative medical direction has access to a copy of the emergency medical services provider's written standard operating procedure required under subsection (D)(3) while on duty for the emergency medical services provider;
5. The ALS base hospital's pharmacist-in-charge notifies the Department in writing within 10 days after the pharmacist-in-charge receives notice, as required under subsection (D)(3)(b)(ii), that any quantity of a controlled substance is missing; and
6. The ALS base hospital's pharmacist-in-charge complies with all Arizona State Board of Pharmacy and U.S. Drug Enforcement Administration requirements related to the control of agents.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Former R9-25-210 repealed; new R9-25-210 renumbered from R9-25-206 and amended by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4).

R9-25-211. ALS Base Hospital Enforcement Actions (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(7))

A. The Department may take an action listed in subsection (B) against an ALS base hospital certificate holder who:
1. Does not meet the certification requirements in R9-25-207(C)(2) or R9-25-207(C)(3);
2. Violates the requirements in A.R.S. Title 36, Chapter 21.1 or 9 A.A.C. 25; or
3. Knowingly or negligently provides false documentation or information to the Department.

B. The Department may take the following action against an ALS base hospital certificate holder:
1. After notice is provided pursuant to A.R.S. Title 41, Chapter 6, Article 10, issue a letter of censure,
2. After notice is provided pursuant to A.R.S. Title 41, Chapter 6, Article 10, issue an order of probation,
3. After notice and an opportunity to be heard is provided pursuant to A.R.S. Title 41, Chapter 6, Article 10, suspend the ALS base hospital certificate, or
4. After notice and an opportunity to be heard is provided pursuant to A.R.S. Title 41, Chapter 6, Article 10, decertify the ALS base hospital.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Former R9-25-211 repealed; new R9-25-211 renumbered from

R9-25-213 and amended by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-212. Repealed

Historical Note
Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-213. Renumbered

Historical Note
Adopted effective October 15, 1996 (Supp. 96-4). Section renumbered to R9-25-211 by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

ARTICLE 3. TRAINING PROGRAMS

Article 3 repealed; new Article 3 made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-301. Definitions; Training Program General Requirements (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

A. In this Article:
1. "Arizona EMT-Intermediate transition course" means the instruction prescribed in Exhibit B to this Article provided by a training program certified under this Article or by an ALS base hospital authorized under R9-25-210(C);
2. "Course" means the:
   a. Arizona EMT-B course, defined in R9-25-305;
   b. Arizona EMT-B refresher, defined in R9-25-306;
   c. Arizona EMT-I course, defined in R9-25-307;
   d. Arizona EMT-P course, defined in R9-25-308;
   e. Arizona ALS refresher, defined in R9-25-309;
   f. Arizona EMT-Intermediate transition course, defined in subsection(A)(1); or
   g. Arizona EMT-I(99)-to-EMT-P transition course, defined in R9-25-318;
3. "NREMT-Intermediate practical examination" means the NREMT-Intermediate practical examination required for NREMT-Intermediate registration; and
4. "Refresher challenge examination" means the:
   a. Arizona EMT-B refresher challenge examination, defined in R9-25-306; or
   b. Arizona ALS refresher challenge examination, defined in R9-25-309.

B. A person shall not provide or offer to provide a course or refresher challenge examination without training program certification from the Department.

C. The Department shall not certify a training program, if:
1. Within five years before the date of filing an application required in R9-25-302, the Department has decertified a training program operated by the applicant; or
2. The applicant knowingly provides false information on or with an application required by this Article.

D. The Department shall certify a training program, if the applicant:
1. Is not ineligible for certification pursuant to subsection (C); and
2. Meets the application requirements in R9-25-302.

E. A training program certificate is valid only for the name, address, and courses listed by the Department on the certificate.

F. A training program certificate holder shall:
1. Maintain with an insurance company authorized to transact business in this state:
   a. A minimum single claim professional liability insurance coverage of $500,000; and
   b. A minimum single claim general liability insurance coverage of $500,000 for the operation of the training program; or
2. Be self-insured for the amounts in subsection (F)(1).

G. A training program certificate holder shall:
1. Conspicuously post the original or a copy of the training program certificate in the training program administrative office;
2. Return the training program certificate to the Department upon decertification by the Department pursuant to R9-25-317 or upon voluntarily ceasing to act as a training program; and
3. Not transfer the training program certificate to another person.

H. Every 24 months after certification, the Department shall inspect, pursuant to A.R.S. § 41-1009, a training program to determine ongoing compliance with the requirements of this Article.

I. The Department may inspect, pursuant to A.R.S. § 41-1009, a training program:
1. As part of the substantive review time-frame required in A.R.S. §§ 41-1072 through 41-1079; or
2. As necessary to determine compliance with the requirements of this Article.

J. The Department shall approve or deny an application under this Article pursuant to Article 12 of this Chapter.

Historical Note
Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4).

R9-25-302. Application Requirements for Training Program Certification (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

An applicant for training program certification shall submit to the Department an application including:
1. An application form provided by the Department containing:
   a. The applicant's name, address, and telephone number;
   b. The name and telephone number of the applicant's chief administrative officer;
   c. The name of each course the applicant will provide;
   d. Attestation that the applicant will comply with all requirements in A.R.S. Title 36, Chapter 21.1 and 9 A.A.C. 25;
   e. Attestation that all information required as part of the application has been submitted and is true and accurate; and
   f. The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature;
2. A copy of a certificate of insurance or proof of self-insurance required in R9-25-301(F);
3. For each training program medical director, documentation that the individual is qualified under R9-25-310;
4. For each training program director, documentation that the individual is qualified under R9-25-311;
5. For each lead instructor, documentation that the individual is qualified under R9-25-312;
6. If required under R9-25-304(B), a copy of each executed agreement, including all attachments and exhibits, for clinical training and field training;

7. For each course to be provided, copies of policies and procedures required in R9-25-313;
8. For each course to be provided, copies of disclosure statements required in R9-25-314;
9. For each course to be provided, a completed form provided by the Department verifying that the applicant will develop, administer, and grade a final written course examination, a final comprehensive practical skills examination, or a refresher challenge examination that meets the requirements established for the course; and
10. For each course to be provided, a completed form provided by the Department verifying that the applicant has:
    a. Equipment that meets equipment requirements established for the course; and.
    b. Facilities that meet facility requirements established for the course.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-303. Amendment of a Training Program Certificate (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

A. No later than 10 days after a change in the name or address listed on a training program certificate, the training program certificate holder shall submit to the Department an application form provided by the Department containing:
1. The new name or new address and the date of the name or address change;
2. Attestation that the current insurance required in R9-25-301(F) is valid for the new name or new address;
3. Attestation that all information submitted to the Department is true and correct; and
4. The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature.

B. Before providing a course not listed by the Department on a training program certificate, a training program certificate holder shall:
1. Submit to the Department an application for the new course that includes the information in R9-25-302; and
2. Gain approval of the new course from the Department.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-304. Course and Examination Requirements (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

A. For each session of a course provided, a training program certificate holder shall:
1. Designate a training program medical director qualified under R9-25-310 and ensure that the training program medical director fulfills all responsibilities established in R9-25-310;
2. Designate a training program director qualified under R9-25-311 and ensure that the training program director fulfills all responsibilities established in R9-25-311;
3. Assign a lead instructor qualified under R9-25-312;
4. Ensure that clinical training and field training are provided under the supervision of a preceptor qualified under R9-25-312;
5. Meet all requirements that are established for the course as prescribed in this Article;
6. For clinical training in the course, have a maximum ratio of four students to one preceptor or instructor;
7. For field training in the course, have a maximum ratio of one student to one preceptor or instructor; and
8. Not allow a student more than six months from the official session completion date to complete all course requirements.

B. For a course's clinical training or field training that is not provided directly by a training program, the training program shall have a written agreement between the training program and each health care institution, emergency medical services provider, or ambulance service providing the training that:
1. Requires that all training be provided under the supervision of a preceptor qualified under R9-25-312; and
2. Contains a termination clause that provides sufficient time for students to complete the training upon termination of the agreement.

C. A certified training program authorized to provide the Arizona EMT-B refresher may administer an Arizona EMT-B refresher challenge examination to an individual eligible for admission into the Arizona EMT-B refresher. The certified training program shall limit the individual to one attempt to pass the Arizona EMT-B refresher challenge examination.

D. A certified training program authorized to provide the Arizona ALS refresher may administer an Arizona ALS refresher challenge examination to an individual eligible for admission into the Arizona ALS refresher. The certified training program shall limit the individual to one attempt to pass the Arizona ALS refresher challenge examination.

E. A training program certificate holder shall ensure that:
1. The training program director for a specific session of a course does not:
    a. Enroll in that session of the course as a student or allow an instructor for that session of the course to enroll in that session of the course as a student,
    b. Issue to himself or herself or to an instructor for that session of the course a certificate of completion for that session of the course,
    c. Administer to himself or herself or to an instructor for that session of the course a refresher challenge examination,
    d. Allow an instructor for that session of the course to administer to himself or herself a refresher challenge examination, or
    e. Issue to himself or herself or to an instructor for that session of the course a certificate of completion for a refresher challenge examination;
2. During a final examination or refresher challenge examination, a student does not receive verbal or written assistance from any other individual or use notes, books, or documents of any kind as an aid in taking the examination;
3. The identity of each student taking a final examination or refresher challenge examination is verified through photo identification before the student is permitted to take the examination;
4. A student who violates subsection (E)(2) is not permitted to complete the examination or to receive a certificate of completion for the course or refresher challenge examination;
5. An instructor who allows a student to violate subsection (E)(2) or assists a student in violating subsection (E)(2) is no longer permitted to serve as an instructor;

6. Each examination for a course is completed onsite at the training program or at a facility used for course instruction;
7. Each final examination for a course is proctored; and
8. Each individual who proctors or administers a final examination for a course is neither the training program director nor an instructor for the course.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4).

R9-25-305. Arizona EMT-B Course (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

A. "Arizona EMT-B course" means the United States Department of Transportation, National Highway Traffic Safety Administration, Emergency Medical Technician-Basic: National Standard Curriculum (1994):
1. Incorporated by reference and on file with the Department and the Office of the Secretary of State, including no future editions or amendments; and available from the National Highway Traffic Safety Administration, 400 Seventh Street, SW, Washington, DC 20590; from the Department's Bureau of Emergency Medical Services and Trauma System; and on http://www.nhtsa.gov by going to the Quick Link for Emergency Medical Services Program;
2. Modified in subsection (B); and
3. Provided by a training program certified under this Article or by an ALS base hospital authorized under R9-25-210(C).

B. The Arizona EMT-B course is modified as follows:
1. No more than 24 students shall be enrolled in each session of the course;
2. The following prerequisites are required:
   a. Prerequisites identified in the course introductory materials under the heading "Prerequisites"; and
   b. Prerequisites listed for lessons 1-1, 1-2, 1-3, 1-4, 1-5, 1-6, 1-7, 2-1, 2-2, 2-3, 3-1, 3-2, 3-3, 3-4, 3-5, 3-6, 3-7, 3-8, 3-9, 3-10, 4-1, 4-2, 4-3, 4-4, 4-5, 4-6, 4-7, 4-8, 4-9, 4-10, 4-11, 5-1, 5-2, 5-3, 5-4, 5-5, 5-6, 6-1, 6-2, 6-3, 7-1, 7-2, 7-3, and 7-4;
3. The minimum course length is 110 contact hours;
4. Modules 1 through 7 are required;
5. Module 8 is deleted;
6. EMS equipment listed for lessons 1-2, 1-3, 1-4, 1-5, 1-6, 1-7, 2-1, 2-2, 2-3, 3-1, 3-2, 3-3, 3-4, 3-5, 3-6, 3-8, 3-9, 3-10, 4-1, 4-2, 4-3, 4-4, 4-5, 4-6, 4-7, 4-8, 4-9, 4-10, 4-11, 5-1, 5-2, 5-3, 5-4, 5-5, 5-6, 6-1, 6-2, 6-3, 7-1, 7-2, 7-3, and 7-4 is required and shall be available before the start of each course session and during the course session as needed to meet the needs of each student enrolled in the course session;
7. Facility recommendations identified in the course introductory materials under the headings "Environment" and "Facilities" are requirements;
8. In addition to modules 1 through 7, the course shall also contain additional instruction and skills training in:
   a. Blood glucose monitoring that provides information and hands-on training on the equipment and procedures necessary to evaluate blood sugar levels;
   b. Intravenous monitoring that provides information and hands-on training on transporting a patient with an established intravenous or patient controlled analgesic pump; and
   c. Administration of epinephrine by auto-injector, including:
      i. The epidemiology and physiology of anaphylaxis and allergic reaction;
      ii. Common methods of entry of substances into the body;
      iii. Common antigens most frequently associated with anaphylaxis;
      iv. Physical examination of patients with complaints associated with anaphylaxis or allergic reaction;
      v. Signs and symptoms of anaphylaxis, allergic reaction, and respiratory distress associated with anaphylaxis;
      vi. Differentiating between anaphylaxis and other medical conditions that may mimic anaphylaxis;
      vii. The following information about epinephrine by auto-injector:
         (1) Class,
         (2) Mechanism of action,
         (3) Indications and field use,
         (4) Contraindications,
         (5) Adverse reactions,
         (6) Incompatabilities and drug reactions,
         (7) Adult and pediatric dosages,
         (8) Route and method of administration,
         (9) Onset of action,
         (10) Peak effects,
         (11) Duration of action,
         (12) Dosage forms and packaging,
         (13) Minimum supply requirements under R9-25-503,
         (14) Special considerations, and
         (15) Proper storage conditions; and
      viii. A practical skills demonstration of competency in administering epinephrine by auto-injector;
9. A final closed book written course examination is required and shall:
   a. Include 150 multiple-choice questions with one absolutely correct answer, one incorrect answer, and two distractors, neither of which is "all of the above" or "none of the above";
   b. Cover the learning objectives of the course with representation from each of the course modules; and
   c. Require a passing score of 75% or better in no more than three attempts; and
10. A final comprehensive practical skills examination is required and shall:
   a. Evaluate a student's technical proficiency in skills identified in Appendix H; and
   b. Enable a student to meet NREMT-Basic registration requirements.

C. A training program certified under this Article or an ALS base hospital providing a course as authorized under R9-25-210(C) may combine the students from more than one Arizona EMT-B course session for didactic instruction.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4). Amended by final rulemaking at 13 A.A.R. 3014, effective October 6, 2007

(Supp. 07-3).

Exhibit F. Repealed

Historical Note
Exhibit F adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-306. Arizona EMT-B Refresher, Arizona EMT-B Refresher Challenge Examination (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

A. "Arizona EMT-B refresher" means the United States Department of Transportation, National Highway Traffic Safety Administration, Emergency Medical Technician: Basic Refresher Curriculum Instructor Course Guide, (1996):
1. Incorporated by reference and on file with the Department, including no future editions or amendments; and available from the National Highway Traffic Safety Administration, 400 Seventh St., SW, Washington, DC 20590; from the Department's Bureau of Emergency Medical Services and Trauma System; and on http://www.nhtsa.gov by going to the Quick Link for Emergency Medical Services Program;
2. As modified in subsection (B); and
3. Provided by a training program certified under this Article or by an ALS base hospital authorized under R9-25-210(C).

B. The Arizona EMT-B refresher is modified as follows:
1. No more than 32 students shall be enrolled in each session of the course;
2. The minimum admission requirements are:
   a. One of the following:
      i. Current EMT-B or higher level certification in this state or certification, recertification, or licensure at the basic emergency medical technician level or higher level in any other state or jurisdiction;
      ii. Current NREMT-Basic or higher level registration; or
      iii. Being required by NREMT to complete the Arizona EMT-B refresher to become eligible to seek NREMT-Basic registration; and
   b. Proficiency in cardiopulmonary resuscitation;
3. The minimum course length is 24 contact hours;
4. Modules 1 through 6 are required;
5. EMS equipment listed for Modules II, III, IV, V, and VI is required and shall be available before the start of each course session and during the course session as needed to meet the needs of each student enrolled in the course session;
6. Facility recommendations identified for the Arizona EMT-B course are requirements;
7. The course shall include instruction on administration of epinephrine by auto-injector that meets the requirements described in R9-25-305(B)(8)(c);
8. For a student who has not completed the Arizona EMT-B course, the course shall contain additional instruction and skills training in:
   a. Blood glucose monitoring that provides information and hands-on training on the equipment and procedures necessary to evaluate blood sugar levels, and
   b. Intravenous monitoring that provides information and hands-on training on transporting a patient with an established intravenous or patient controlled analgesic pump;
9. A final closed book written course examination is required and shall:
   a. Include 150 multiple-choice questions with one absolutely correct answer, one incorrect answer, and two distractors, neither of which is "all of the above" or "none of the above";
   b. Cover the learning objectives of the course with representation from each of the course modules; and
   c. Require a passing score of 75% or better in no more than three attempts; and
10. A final comprehensive practical skills examination is required and shall:
   a. Evaluate a student's technical proficiency in skills identified as psychomotor objectives in modules 1 through 6; and
   b. Enable a student to meet NREMT-Basic registration or reregistration requirements.

C. "Arizona EMT-B refresher challenge examination" means competency testing prescribed in the Arizona EMT-B refresher that is administered by a training program certified under this Article or by an ALS base hospital authorized under R9-25-210(C).

D. The Arizona EMT-B refresher challenge examination shall consist of:
1. The EMT-B refresher final written course examination, required in subsection (B)(9); and
2. The EMT-B refresher final comprehensive practical skills examination, required in subsection (B)(10).

E. A training program certified under this Article or an ALS base hospital providing a course as authorized under R9-25-210(C) may combine the students from more than one Arizona EMT-B refresher session for didactic instruction.

Historical Note
Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 11 A.A.R. 553, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4). Amended by final rulemaking at 13 A.A.R. 3014, effective October 6, 2007 (Supp. 07-3).

R9-25-307. Arizona EMT-I Course (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

A. "Arizona EMT-I course" means the United States Department of Transportation, National Highway Traffic Safety Administration, EMT-Intermediate: National Standard Curriculum (1999):
1. Incorporated by reference and on file with the Department, including no future editions or amendments; and available from the National Highway Traffic Safety Administration, 400 Seventh St., SW, Washington, DC 20590; from the Department's Bureau of Emergency Medical Services and Trauma System; and on http://www.nhtsa.gov by going to the Quick Link for Emergency Medical Services Program;
2. As modified in subsection (B); and
3. Provided by a training program certified under this Article or by an ALS base hospital authorized under R9-25-210(C).

B. The Arizona EMT-I course is modified as follows:
1. No more than 24 students shall be enrolled in each session of the course;
2. Prerequisites identified in the course introductory materials under the headings "The EMT-Intermediate: National Standard Curriculum" and "Prerequisites" are required;
3. The minimum course length is 400 contact hours, including:

a. A minimum of 280 contact hours of didactic instruction and practical laboratory, and
b. A minimum of 120 contact hours of clinical training and field training;
4. Modules 1 through 7 are required;
5. EMS equipment required for the course is listed in Exhibit A of this Article and shall be available before the start of each course session and during the course session as needed to meet the needs of each student enrolled in the course session;
6. Facility recommendations identified in the course introductory materials under the headings "EMT-Intermediate Education," "Program Evaluation," and "Facilities" are requirements;
7. A final closed book written course examination is required and shall:
a. Include 150 multiple-choice questions with one absolutely correct answer, one incorrect answer, and two distractors, neither of which is "all of the above" or "none of the above";
b. Cover the learning objectives of the course with representation from each of the course modules; and
c. Require a passing score of 75% or better in no more than three attempts; and
8. A final comprehensive practical skills examination is required and shall:
a. Evaluate a student's technical proficiency in skills identified as psychomotor objectives in modules 1 through 7; and
b. Enable a student to meet NREMT-Intermediate registration requirements.

C. A training program certified under this Article or an ALS base hospital providing a course as authorized under R9-25-210(C) may combine the students from more than one Arizona EMT-I course session for didactic instruction.

Historical Note
Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4). Amended by final rulemaking at 13 A.A.R. 3014, effective October 6, 2007 (Supp. 07-3).

Exhibit H. Repealed

Historical Note
Adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-308. Arizona EMT-P Course (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

A. "Arizona EMT-P course" means the United States Department of Transportation, National Highway Traffic Safety Administration, EMT-Paramedic: National Standard Curriculum (1998):
1. Incorporated by reference and on file with the Department, including no future editions or amendments; and available from the National Highway Traffic Safety Administration, 400 Seventh St., SW, Washington, DC 20590; from the Department's Bureau of Emergency Medical Services and Trauma System; and on http://www.nhtsa.gov by going to the Quick Link for Emergency Medical Services Program;
2. As modified in subsection (B); and
3. Provided by a training program certified under this Article or by an ALS base hospital authorized under R9-25-210(C).

B. The Arizona EMT-P course is modified as follows:
1. No more than 24 students shall be enrolled in each session of the course;
2. The following course prerequisites are required:
a. Prerequisites identified in the course introductory materials under the heading "The EMT-Paramedic: National Standard Curriculum, Prerequisites"; and
b. Completion of a minimum of 24 clock hours of hazardous materials training that meets the requirements of the National Fire Protection Association's NFPA 472: Standard for Professional Competence of Responders to Hazardous Materials Incidents, 2002 Edition; Competencies for First Responders at the Operational Level; incorporated by reference and on file with the Department, including no future editions or amendments; and available from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169-747 and from the Department's Bureau of Emergency Medical Services and Trauma System;
3. The minimum course length is 1000 contact hours, including:
a. A minimum of 500 contact hours of didactic instruction and practical laboratory, and
b. A minimum of 500 contact hours of clinical training and field training;
4. Modules 1 through 8 are required;
5. Equipment required for the course is listed in Exhibit A and shall be available before the start of each course session and during the course session as needed to meet the needs of each student enrolled in the course session;
6. Facility recommendations on page 32 of the introductory material are requirements;
7. Each student shall complete the competencies in Exhibit C during clinical training and field training;
8. A final closed book written course examination is required and shall:
a. Include 150 multiple-choice questions with one absolutely correct answer, one incorrect answer, and two distractors, neither of which is "all of the above" or "none of the above";
b. Cover the learning objectives of the course with representation from each of the course modules; and
c. Require a passing score of 75% or better in no more than three attempts; and
9. A final comprehensive practical skills examination is required and shall:
a. Evaluate a student's technical proficiency in skills identified as psychomotor objectives in modules 1 through 8; and
b. Enable a student to meet NREMT-Paramedic registration requirements.

C. A training program certified under this Article or an ALS base hospital providing a course as authorized under R9-25-210(C) may combine the students from more than one Arizona EMT-P course session for didactic instruction.

Historical Note
Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4). Amended by final rulemaking at 13 A.A.R. 3014, effective October 6, 2007

(Supp. 07-3).

R9-25-309. Arizona ALS Refresher; Arizona ALS Refresher Challenge Examination (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

A. "Arizona ALS refresher" means the U.S. Department of Transportation, National Highway Traffic Safety Administration, EMT-Paramedic: NSC Refresher Curriculum (2001):
1. Incorporated by reference and on file with the Department, including no future editions or amendments; and available from the National Highway Traffic Safety Administration, 400 Seventh St., SW, Washington, DC 20590; from the Department's Bureau of Emergency Medical Services and Trauma System; and on http://www.nhtsa.gov by going to the Quick Link for Emergency Medical Services Program;
2. As modified in subsection (B); and
3. Provided by a training program certified under this Article or by an ALS base hospital authorized under R9-25-210(C).

B. The Arizona ALS refresher is modified as follows:
1. No more than 32 students shall be enrolled in each session of the course;
2. The minimum admission requirements are:
   a. One of the following:
      i. Current certification as an EMT-I(99) or EMT-P in this state or certification, recertification, or licensure at the intermediate emergency medical technician level or paramedic level in any other state or jurisdiction;
      ii. Current NREMT-Intermediate or NREMT-Paramedic registration; or
      iii. Being required by NREMT to complete the Arizona ALS refresher to become eligible to seek NREMT-Intermediate or NREMT-Paramedic registration; and
   b. Proficiency in cardiopulmonary resuscitation and proficiency in advanced emergency cardiac life support;
3. The minimum course length is 48 contact hours;
4. Modules 1 through 6 are required;
5. For a student at the intermediate emergency medical technician level, lessons, tasks, and objectives shall not exceed the intermediate emergency medical technician skill level;
6. Equipment required for the course is listed in Exhibit A and shall be available before the start of each course session and during the course session as needed to meet the needs of each student enrolled in the course session;
7. Facility recommendations identified for the Arizona EMT-P course are requirements;
8. A final closed book written course examination is required and shall:
   a. Include 150 multiple-choice questions with one absolutely correct answer, one incorrect answer, and two distractors, neither of which is "all of the above" or "none of the above";
   b. Cover the learning objectives of the course with representation from each of the course modules; and
   c. Require a passing score of 75% or better in no more than three attempts; and
9. A final comprehensive practical skills examination is required and shall:
   a. Evaluate a student's technical proficiency in skills identified as psychomotor objectives in modules 1, 2, 4, 5, and 6; and
   b. Enable a student to meet NREMT-Intermediate or NREMT-Paramedic registration or reregistration requirements.

C. "Arizona ALS refresher challenge examination" means competency testing prescribed in the Arizona ALS refresher that is administered by a training program certified under this Article or by an ALS base hospital authorized under R9-25-210(C).

D. The Arizona ALS refresher challenge examination shall consist of:
1. The ALS refresher final written course examination, required in subsection (B)(8); and
2. The ALS refresher final comprehensive practical skills examination, required in subsection (B)(9).

E. A training program certified under this Article or an ALS base hospital providing a course as authorized under R9-25-210(C) may combine the students from more than one Arizona ALS refresher session for didactic instruction.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 11 A.A.R. 553, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4). Amended by final rulemaking at 13 A.A.R. 3014, effective October 6, 2007 (Supp. 07-3).

R9-25-310. Training Program Medical Director (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

A. A training program certificate holder shall ensure that a training program medical director:
1. Is a physician or exempt from physician licensing requirements under A.R.S. §§ 32-1421(A)(7) or 32-1821(3); and
2. Meets one of the following:
   a. Has emergency medicine certification from a specialty board recognized by the Arizona Medical Board or the Arizona Board of Osteopathic Examiners in Medicine and Surgery;
   b. Has completed an emergency medicine residency training program accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association; or
   c. Is practicing emergency medicine and has:
      i. Proficiency in advanced emergency cardiac life support,
      ii. Proficiency in advanced trauma life support, and
      iii. Proficiency in pediatric emergency care.

B. A training program medical director designated for a course session shall:
1. Before the start date of the course session, ensure that the course has a course content outline and final examinations that are consistent with:
   a. Requirements established in the course; and
   b. The scope of practice of the EMT level to which the course corresponds; and
2. During the course session, ensure that the course content outline is followed and that the final examinations are given.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 12 A.A.R. 4404, effec-

tive January 6, 2007 (Supp. 06-4).

R9-25-311. Training Program Director (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

A. A training program certificate holder shall ensure that a training program director is:
1. A physician with at least two years emergency medical services experience as a physician;
2. A doctor of allopathic medicine or osteopathic medicine licensed in another state or jurisdiction with at least two years emergency medical services experience as a doctor of allopathic medicine or osteopathic medicine;
3. A registered nurse licensed under A.R.S. Title 32, Chapter 15 or licensed in another state or jurisdiction with at least two years emergency medical services experience as a registered nurse;
4. A physician's assistant licensed under A.R.S. Title 32, Chapter 25 or licensed in another state or jurisdiction with at least two years emergency medical services experience as a physician's assistant;
5. An EMT-P with at least two years experience as an EMT-P;
6. An EMT-I(99) with at least two years experience as an EMT-I(99), only if acting as a training program director for the Arizona EMT-I course, EMT-I Arizona ALS refresher, Arizona EMT-Intermediate transition course, Arizona EMT-B course, or Arizona EMT-B refresher; or
7. An EMT-B with at least two years experience as an EMT-B, only if acting as a training program director for the Arizona EMT-B course or Arizona EMT-B refresher.

B. A training program director designated for a course session shall:
1. Supervise the day-to-day operation of the course session;
2. Supervise and evaluate the course session lead instructor and all preceptors providing clinical training or field training;
3. Ensure that policies and procedures established for the course pursuant to R9-25-313 are followed;
4. Ensure that true and accurate records for each student enrolled in the course session are kept pursuant to R9-25-315;
5. Ensure that a refresher challenge examination is administered and graded pursuant to the requirements established in R9-25-306 or R9-25-309;
6. Ensure that a student is assisted in making reservations to take NREMT written examinations required for NREMT registration;
7. Ensure that a student is assisted in completing application forms required for NREMT registration;
8. Ensure that a student is assisted in completing application forms required for certification in this state;
9. Ensure that forms required pursuant to R9-25-316(B) or (C) are completed and submitted to the Department;
10. For a student who completes a course, issue a certificate of completion containing:
    a. Identification of the training program;
    b. The name of the course completed;
    c. The name of the student who completed the course;
    d. The date the student completed all course requirements;
    e. Attestation that the student has met all course requirements; and
    f. The signature or electronic signature of the training program director and the date of signature or electronic signature; and
11. For an EMT who passes a refresher challenge examination, issue a certificate of completion containing:
    a. Identification of the training program;
    b. The name of the refresher challenge examination administered;
    c. The name of the EMT who passed the refresher challenge examination;
    d. The dates the EMT took the refresher challenge examination;
    e. Attestation that the EMT has passed the refresher challenge examination; and
    f. The signature or electronic signature of the training program director and the date of signature or electronic signature.

Historical Note
Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4).

Exhibit D. Repealed

Historical Note
Exhibit D adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

Exhibit C. Repealed

Historical Note
Exhibit C adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

Exhibit E. Repealed

Historical Note
Exhibit E adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-312. Lead Instructor; Preceptor (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

A. A training program certificate holder shall ensure that a lead instructor is:
1. A physician with at least two years emergency medical services experience;
2. A doctor of allopathic medicine or osteopathic medicine licensed in another state or jurisdiction with at least two years emergency medical services experience;
3. A registered nurse licensed under A.R.S. Title 32, Chapter 15 or licensed in another state or jurisdiction with at least two years emergency medical services experience;
4. A physician's assistant licensed under A.R.S. Title 32, Chapter 25 or licensed in another state or jurisdiction with at least two years emergency medical services experience;
5. An EMT-P with at least two years experience as an EMT-P;
6. An EMT-I(99) with at least two years experience as an EMT-I(99), only if acting as a lead instructor for the Arizona EMT-I course, EMT-I Arizona ALS refresher, Arizona EMT-Intermediate transition course, Arizona EMT-B course, or Arizona EMT-B refresher; or
7. An EMT-B with at least two years experience as an EMT-B, only if acting as a lead instructor for the Arizona EMT-B course or Arizona EMT-B refresher.

B. A lead instructor shall have completed 24 hours of training related to instructional methodology including:

1. Organizing and preparing materials for didactic instruction, clinical training, field training, and skills practice;
2. Preparing and administering tests and practical examinations;
3. Using equipment and supplies;
4. Measuring student performance;
5. Evaluating student performance;
6. Providing corrective feedback; and
7. Evaluating course effectiveness.

C. A lead instructor assigned to a course session shall:
1. Be present or have a substitute lead instructor present during all course hours established for the course session; and
2. Ensure that course instruction is provided and is consistent with the course content outline and final examinations established for the course.

D. A training program certificate holder shall ensure that a preceptor is:
1. A physician or a doctor of allopathic medicine or osteopathic medicine licensed in another state or jurisdiction;
2. A registered nurse licensed under A.R.S. Title 32, Chapter 15 or licensed in another state or jurisdiction;
3. A physician's assistant licensed under A.R.S. Title 32, Chapter 25 or licensed in another state or jurisdiction;
4. An EMT-P with at least two years experience as an EMT-P;
5. An EMT-I(99) with at least two years experience as an EMT-I(99), only if acting as a preceptor for the Arizona EMT-I course, EMT-I Arizona ALS refresher, Arizona EMT-B course, or Arizona EMT-B refresher; or
6. An EMT-B with at least two years experience as an EMT-B, only if acting as a preceptor for the Arizona EMT-B course or Arizona EMT-B refresher.

E. A preceptor shall provide training consistent with the clinical training or field training established in a course and, if applicable, a written agreement required in R9-25-304(B).

Historical Note
New Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4).

R9-25-313. Training Program Policies and Procedures (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

A training program certificate holder shall establish, implement, and annually review policies and procedures for:
1. Student enrollment, including verification that a student has proficiency in reading at the 9th grade level and meets all course admission requirements;
2. Student attendance, including leave, absences, make-up work, tardiness, and causes for suspending or expelling a student for unsatisfactory attendance;
3. Grading, including the minimum grade average considered satisfactory for continued enrollment and standards for suspending or expelling a student for unsatisfactory grades;
4. Administration of final examinations;
5. Student conduct, including causes for suspending or expelling a student for unsatisfactory conduct; and
6. Maintenance of student records and medical records, including compliance with all applicable state and federal laws governing confidentiality, privacy, and security.

Historical Note
New Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-314. Training Program Disclosure Statements (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

A training program certificate holder shall provide all course applicants with the following documentation before the start date of a course session:
1. A description of requirements for admission, course content, course hours, course fees, and course completion;
2. A list of books, equipment, and supplies that a student is required to purchase for the course;
3. Notification of requirements for a student to begin any part of the course, including physical examinations, immunizations, tuberculin skin tests, drug screening, and the ability to perform certain physical activities;
4. A copy of training program policies and procedures required under R9-25-313;
5. A copy of Article 4 of this Chapter; and
6. A copy of NREMT policies and requirements governing:
   a. NREMT practical and written examinations, and
   b. NREMT registration.

Historical Note
New Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4).

R9-25-315. Training Program Student Records (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

A. A training program certificate holder shall keep the following records for each student enrolled in a course session:
1. The student's name;
2. A copy of the student's enrollment agreement or contract;
3. The name of the course in which the student is enrolled;
4. The student's attendance records;
5. The student's clinical training records;
6. The student's field training records;
7. The student's grades;
8. Documentation of scores for each final written examination attempted or completed by the student; and
9. Documentation of each final practical examination attempted or completed by the student, including all forms used as part of the final practical examination.

B. A training program certificate holder shall retain student records required under subsection (A) for three years from the start date of a student's course session.

C. A training program certificate holder shall keep records for each EMT to whom a refresher challenge examination is administered, including:
1. The EMT's name;
2. The challenge examination taken;
3. The challenge examination date;
4. The final written examination attempted or completed by the student and the written examination numeric grade; and
5. Documentation of each practical examination attempted or completed by the student, including all forms used as part of the practical examination.

D. A training program certificate holder shall retain records required under subsection (C) for three years from the date a refresher challenge examination is administered.

Historical Note
New Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4).

R9-25-316. Training Program Notification and Recordkeeping (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

A. At least 10 days before the start date of a course session, a training program certificate holder shall submit to the Department a completed form provided by the Department containing:
1. Identification of the training program,
2. The course name,
3. The name of the course session's training program medical director and attestation that the training program medical director is qualified under R9-25-310,
4. The name of the course session's training program director and attestation that the training program director is qualified under R9-25-311,
5. The name of the course session's lead instructor and attestation that the lead instructor is qualified under R9-25-312,
6. The course session start date and end date, and
7. The main location at which instruction for the course session will be provided.

B. No later than 10 days after the date a student completes all course requirements, a training program certificate holder shall submit to the Department, the following information on a completed form provided by the Department:
1. The course name and the start date and end date of the course session completed;
2. Name, Social Security number, and mailing address of the student who has completed the course;
3. Date the student completed all course requirements; and
4. Signed and dated attestation of the training program director designated for the course session that the student has met all course requirements.

C. No later than 10 days after the date a certified training program administers a refresher challenge examination, the training program certificate holder shall submit to the Department a completed form provided by the Department containing:
1. Identification of the refresher challenge examination administered;
2. Name, Social Security number, and address of the EMT who passed the refresher challenge examination;
3. Refresher challenge examination date; and
4. Signed and dated attestation of the training program director designated for the course session that the EMT has passed the refresher challenge examination.

D. A training program certificate holder shall maintain for Department review and inspection all documents and records as required under this Article.

Historical Note

New Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4).

R9-25-317. Training Program Enforcement Actions (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

A. The Department may take an action listed in subsection (B) against a training program certificate holder who:
1. Violates the requirements in A.R.S. Title 36, Chapter 21.1 or 9 A.A.C. 25; or
2. Knowingly or negligently provides false documentation or information to the Department.

B. The Department may take the following action against a training program certificate holder:
1. After notice is provided pursuant to A.R.S. Title 41, Chapter 6, Article 10, issue a letter of censure;
2. After notice is provided pursuant to A.R.S. Title 41, Chapter 6, Article 10, issue an order of probation;
3. After notice and opportunity to be heard is provided pursuant to A.R.S. Title 41, Chapter 6, Article 10, suspend the training program certificate; or
4. After notice and opportunity to be heard is provided pursuant to A.R.S. Title 41, Chapter 6, Article 10, decertify the training program.

Historical Note

New Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-318. Arizona EMT-I(99)-to-EMT-P Transition Course (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

A. "Arizona EMT-I(99)-to-EMT-P transition course" means the U.S. Department of Transportation, National Highway Traffic Safety Administration, EMT-Paramedic: National Standard Curriculum (1998):
1. Incorporated by reference in R9-25-308,
2. As modified in subsection (B), and
3. Provided by a training program certified under this Article or by an ALS base hospital authorized under R9-25-210(C).

B. The Arizona EMT-I(99)-to-EMT-P transition course is modified as follows:
1. No more than 24 students shall be enrolled in each session of the course;
2. Each student enrolled shall have current certification as an EMT-I(99);
3. The following course prerequisites are required:
   a. Completion of a minimum of 24 clock hours of hazardous materials training that meets the requirements of the National Fire Protection Association's NFPA 472: Standard for Professional Competence of Responders to Hazardous Materials Incidents, 2002 Edition; Competencies for First Responders at the Operational Level, incorporated by reference in R9-25-308; and
   b. Evidence of proficiency in cardiopulmonary resuscitation and proficiency in advanced emergency cardiac life support;
4. In addition to the minimum contact hours of didactic instruction required under subsection (B)(5), each student shall complete at least 60 hours of training in anatomy and physiology that:
   a. Is completed either:
      i. As a prerequisite to the course,
      ii. As preliminary instruction completed at the beginning of the course session before the units of instruction required under subsection (B)(6), or
      iii. Through integration of the anatomy and physiology material with the units of instruction required under subsection (B)(6); and
   b. Covers the anatomy and physiology prerequisite objectives listed in Appendix E to the course materials;
5. The minimum course length is 600 contact hours, including:
   a. A minimum of 220 contact hours of didactic instruction and practical laboratory, and
   b. A minimum of 380 contact hours of clinical training and field training;

6. The following units of instruction are required:
   a. In Module 1, units 1-2, 1-3, 1-4, 1-5, 1-6, 1-9, and 1-10;
   b. In Module 3, units 3-1, 3-2, 3-3, 3-4, and 3-5;
   c. In Module 4, units 4-3, 4-4, 4-5, 4-8, and 4-9;
   d. In Module 5, units 5-1, 5-3, 5-4, 5-5, 5-6, 5-7, 5-8, 5-9, 5-10, 5-11, 5-12, 5-13, and 5-14;
   e. In Module 6, units 6-1, 6-3, 6-4, 6-5, and 6-6;
   f. In Module 7, unit 7-1; and
   g. In Module 8, units 8-2, 8-3, 8-4, and 8-5;
7. Equipment required for the course is listed in Exhibit A and shall be available before the start of each course session and during the course session as needed to meet the needs of each student enrolled in the course session;
8. Facility recommendations on page 32 of the introductory material are requirements;
9. Each student shall complete the competencies in Exhibit C during clinical training and field training;
10. A final closed book written course examination is required and shall:
    a. Include 150 multiple-choice questions with one absolutely correct answer, one incorrect answer, and two distractors, neither of which is "all of the above" or "none of the above";
    b. Cover the learning objectives of the course with representation from each of the required units of instruction; and
    c. Require a passing score of 75% or better in no more than three attempts; and
11. A final comprehensive practical skills examination is required and shall:
    a. Evaluate a student's technical proficiency in skills identified as psychomotor objectives in the units of instruction required under subsection (B)(6), and
    b. Enable a student to meet NREMT-Paramedic registration requirements.

C. A training program certified under this Article or an ALS base hospital providing a course as authorized under R9-25-210(C) may combine the students from more than one Arizona EMT-I(99)-to-EMT-P transition course session for didactic instruction.

Historical Note

New Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Section repealed; new Section made by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4).

Exhibit A. Equipment Minimum Standards for the Arizona EMT-I Course, EMT-P Course, ALS Refresher, and EMT-I(99)-to-EMT-P Transition Course

Quantity	Equipment
1	Moulage or Casualty Simulation Equipment
6	Trauma Dressings
1 per student	Pen Lights (or provided by the student)
1 per student	Scissors (or provided by the student)
4	Stethoscopes (or provided by the student)
4	Blood pressure cuffs - adult sizes
4	Blood pressure cuffs - child size
4	Bag-valve-mask devices - adult size
4	Bag-valve-mask devices - pediatric size
2	Oxygen tank with regulator and key (Must be operational and maintain a minimum of 500psi.)
4	Oxygen masks non-rebreather - adult
4	Oxygen masks non-rebreather - child
4	Nasal cannulas
2 boxes	Alcohol preps
One box per student	Gloves - (small, medium, large, and extra large, non-latex) (each student has one box of an appropriate size available during the course)
6 packages	4x4 sponges (non sterile)
5 boxes	5x9 sponges (non sterile)
36 rolls	Rolled gauze (non sterile)
5	Occlusive dressings
2	Traction splint devices
2	Cervical-thoracic spinal immobilization device for extrication, with straps
2	Long spine boards with securing devices
3 of each size	Cervical collars (small, regular, medium, large, and extra large) NOTE: may substitute 6 adjustable devices NOTE: Soft collars and foam types are not acceptable
2	Head immobilization materials/devices
1	Ambulance stretcher
2	Blood glucose monitoring devices
2	Portable suction devices
3	Rigid suction catheters
3	Flexible suction catheters
2 of each size	Oropharyngeal airways
2 of each size	Nasopharyngeal airways
2 of each size	Rigid splints (6 inch, 12 inch, 18 inch, 24 inch, and 36 inch)
2	Burn sheets
2	OB kits
2	CPR Manikins - adult
2	CPR Manikins - child
2	CPR Manikins - infant
1 per student	CPR face shields or similar barrier device (or provided by the student)
1 per student	Pocket mask (or provided by the student)
1	Semi-Automatic Defibrillator or AED training device
1 box	IV Catheter - Butterfly
1 box	IV Catheter - 24 Gauge
1 box	IV Catheter - 22 Gauge
1 box	IV Catheter - 20 Gauge
1 box	IV Catheter - 18 Gauge
1 box	IV Catheter - 16 Gauge
1 box	IV Catheters central line catheter or intra-cath
1 unit	Monitor/Defibrillator
1 unit	Arrhythmia Simulator
1 box	Electrodes
2 unit	Intubation Manikin-adult
2 unit	Intubation Manikin - pediatrics
1 set each type	Laryngoscope Handle and Blades - one complete set curved and straight, sizes 0 through 4
1 set	Endotracheal Tubes - 3.0, 3.5, 4.0, 4.5, 5.0, 5.5, 6.0, 6.5, 7.0, 7.5, 8.0, 8.5, and 9.0
1	Esophageal Tracheal Double Lumen Airway Device
2 each	Stylet - adult and pediatric
1 box	1 cc Syringes
1 box	3 cc Syringes
1 box	5 cc Syringes
1 box	10-12 cc Syringes
1 box	20 cc Syringes
2	IV Infusion Arm
5 bags each	IV Fluids: 100cc, 250cc, 500cc, 1000cc
5 sets each	IV Tubing - 10gtt and 60gtt
5 sets	Blood tubing
2	Sharps containers
1 for each skill	Invasive Skills Manikin – Cricothyrotomy, Central Line, Tension Pneumothorax NOTE: A single manikin equipped for all skills, or a combination of manikins to cover all skills, is acceptable.
1 for each skill	Training Devices for intraosseous and sternal intraosseous, adult and pediatric NOTE: A single device equipped for all skills, or a combination of devices to cover all skills, is acceptable.
2	Magill forceps
2	Hemostat forceps
3	IV tourniquets
3	Scalpels
1	Simulated Drug Box

Historical Note
New Exhibit made by final rulemaking at 9 A.A.R. 5372,

effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4).

Exhibit B. Arizona EMT-Intermediate Transition Course

Admission Requirements:
1. Current and valid certification in Arizona as an EMT-I(85), and
2. Evidence of proficiency in cardiopulmonary resuscitation.

Course Hours:
The minimum course length is 80 contact hours. In addition, sufficient time shall be provided to administer the final written examination and the final practical examination.

Equipment and Facilities:
Equipment required for the course is listed in Exhibit A and shall be available before the start of each course session and during the course session as needed to meet the needs of each student enrolled in the course session. Facility recommendations identified for the Arizona EMT-P course are requirements for the Arizona EMT-Intermediate Transition Course.

Examinations:
1. A final written course examination is required and shall:
   a. Include 150 multiple-choice questions with one absolutely correct answer, one incorrect answer, and two distractors, neither of which is "all of the above" or "none of the above";
   b. Cover the learning objectives of the course with representation from each of the course modules; and
   c. Require a passing score of 75% or better in no more than three attempts.
2. A final comprehensive practical skills examination is required and shall enable a student to meet NREMT-Intermediate/99 registration or reregistration requirements.

Competencies:
1. Describe the scope of the duties of the advanced emergency medical technician (Intermediate and Paramedic).
2. Identify signs and symptoms of patients with a communicable disease and list the appropriate body substance isolation procedures.
3. Identify the initial, focused, and continuing processes of assessment, medical history, vital signs, communications, and documentation.
4. Apply the procedures of identifying and treating hypoperfusion states including intravenous (IV) and intraosseous (IO) fluid therapy.
5. Describe the actions, indications, contraindications, precautions, side effects, and dosages of the agents included in Table 1 in R9-25-503.
6. Given a patient scenario, identify and treat emergencies and relate proposed field interventions for each of the body systems.
7. Given a patient scenario, identify and relate proposed field interventions for patient with obstetrical emergencies.
8. Given a patient scenario, identify and relate proposed field interventions for patient with neonatal and pediatric emergencies.
9. Given a patient scenario, identify and relate proposed field interventions for patient with behavioral emergencies, preserving personal safety and well being.
10. Demonstrate trauma victim assessment, airway management, control of hemorrhage and hypoperfusion states.
11. Demonstrate 80 percent proficiency on a written examination and 80 percent accuracy of practical skills in selected EMS scenarios.

Course Outline:
I. Advanced Emergency Medical Technician
   A. Roles and responsibilities
   B. Rules, regulations, and EMS systems
II. Human Systems and Patient Assessment
   A. Scene management and body substance isolation
   B. Human systems in health and disease
   C. Initial, focused, and ongoing processes of assessment
      1. Vital signs
      2. History taking, interviewing, and communications
      3. Terminology
   D. Documentation
III. Hypoperfusion States
   A. Shock/Disorders of hydration
   B. Devices and techniques
   C. Trauma
   D. Thermal injuries
   E. Communications and documentation
IV. Pharmacology
   A. Basic and advanced pharmacokinetics
   B. Updated agent information
   C. Action of agents
   D. Techniques of administration
      1. Oral
      2. Rectal
      3. Parenteral
      4. Intraosseous
      5. Intralingual
   E. Table 1 in R9-25-503
V. Illness, Injury, and the Body's Systems
   A. Respiratory
      1. LMA
      2. Combitube
      3. Endotracheal and nasal tracheal intubation
      4. Surgical cricothyrotomy
      5. Needle thoracostomy
   B. Cardiovascular
      1. Ecg rhythm identification
      2. Pacemaker rhythm identification
      3. 12-lead ecg application and analysis
      4. Defibrillation and cardioversion procedures
   C. Central nervous system
   D. Endocrine
   E. Musculoskeletal emergencies
   F. Soft tissue emergencies
   G. Acute abdominal emergencies
   H. Genito-urinary emergencies
   I. Gynecological emergencies
   J. Anaphylactic reactions
   K. Toxicology, alcoholism, and substance abuse
   L. Poisoning and overdose
   M. Submersion incidents
   N. Emergencies in the geriatric patient
   O. Techniques of management
   P. Communications and documentation
VI. Obstetrical Emergencies
   A. Maternal assessment
   B. Delivery techniques
   C. Care of the newborn
   D. Ectopic pregnancy
   E. Infectious diseases
   F. Rape and abuse
   G. Communications and documentation
VII. Neonatal and Pediatric Emergencies
   A. Approach to the pediatric patient
   B. Related pathologies
   C. Techniques of management
   D. Communications and documentation

VIII. Behavioral Emergencies
- A. Behavioral disorders
- B. Hostile environments
- C. Therapeutic communications
- D. Restraint

IX. Trauma and Disaster
- A. START Triage
- B. Incident command
- C. Age considerations
  1. Infant
  2. Pediatric
  3. Adult
  4. Geriatric

X. Evaluation
- A. Written
- B. Skills

Historical Note
New Exhibit made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4).

Exhibit C. Arizona EMT-P Course and Arizona EMT-I(99)-to-EMT-P Transition Course Clinical Training and Field Training Competencies

A. PSYCHOMOTOR SKILLS

1. **The student shall demonstrate the ability to safely administer agents:** The student shall safely, and while performing all steps of each procedure, properly administer agents at least 10 times to live patients.
2. **The student shall demonstrate the ability to safely perform endotracheal intubation:** The student shall safely, and while performing all steps of each procedure, successfully intubate at least one live patient or cadaver.
3. **The student shall demonstrate the ability to safely gain venous access in all age group patients:** The student shall safely, and while performing all steps of each procedure, successfully access the venous circulation at least 17 times on live patients of various age groups.
4. **The student shall demonstrate the ability to effectively ventilate unintubated patients of all age groups:** The student shall effectively, and while performing all steps of each procedure, ventilate at least 12 unintubated live patients.

B. AGES

1. **The student shall demonstrate the ability to perform a comprehensive assessment on pediatric patients:** The student shall perform a comprehensive patient assessment on at least 20 pediatric patients, including newborns, infants, toddlers, and school-age.
2. **The student shall demonstrate the ability to perform a comprehensive assessment on adult patients:** The student shall perform a comprehensive patient assessment on at least 20 adult patients of various age groups, including young, middle, and older patients.

C. PATHOLOGIES

1. **The student shall demonstrate the ability to perform a comprehensive assessment on obstetric patients:** The student shall perform a comprehensive patient assessment on at least 5 obstetric patients.
2. **The student shall demonstrate the ability to perform a comprehensive assessment on trauma patients:** The student shall perform a comprehensive patient assessment on at least 20 trauma patients.
3. **The student shall demonstrate the ability to perform a comprehensive assessment on behavioral patients:** The student shall perform a comprehensive patient assessment on at least 10 behavioral patients.

D. CHIEF COMPLAINTS

1. **The student shall demonstrate the ability to perform a comprehensive assessment on and formulate and implement a treatment plan for patients with chest pain:** The student shall perform a comprehensive patient assessment on and formulate and implement a treatment plan for at least 20 patients with chest pain.
2. **The student shall demonstrate the ability to perform a comprehensive assessment on and formulate and implement a treatment plan for patients with dyspnea/respiratory distress:**
   a. The student shall perform a comprehensive patient assessment on and formulate and implement a treatment plan for at least 15 adult patients with dyspnea or respiratory distress; and
   b. The student shall perform a comprehensive patient assessment on and formulate and implement a treatment plan for at least 5 pediatric patients, including infants, toddlers, and school-age, with dyspnea or respiratory distress.
3. **The student shall demonstrate the ability to perform a comprehensive assessment on and formulate and implement a treatment plan for patients with abdominal complaints:** The student shall perform a comprehensive patient assessment on and formulate and implement a treatment plan for at least 15 patients with abdominal complaints such as abdominal pain, nausea or vomiting, gastrointestinal bleeding, and gynecological complaints.
4. **The student shall demonstrate the ability to perform a comprehensive assessment on and formulate and implement a treatment plan for patients with altered mental status:** The student shall perform a comprehensive patient assessment on and formulate and implement a treatment plan for at least 15 patients with altered mental status.

E. TEAM LEADER SKILLS

The student shall demonstrate the ability to serve as a team leader in a variety of prehospital emergency situations: The student shall serve as the team leader for at least 25 prehospital emergency responses.

Historical Note
New Exhibit made by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4). Amended by final rulemaking at 13 A.A.R. 3014, effective October 6, 2007 (Supp. 07-3).

ARTICLE 4. EMT CERTIFICATION

Article 4 repealed; new Article 4 made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-401. EMT General Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), (A)(6), and (G) and 36-2204(1), (6), and (7))

A. Except as provided in R9-25-406(G), an individual shall not act as an EMT-B, EMT-I, or EMT-P unless the individual has current certification or recertification from the Department.

B. The Department shall approve or deny an application required by this Article pursuant to Article 12 of this Chapter.

C. If the Department denies an application for certification or recertification, the applicant may request a hearing pursuant to A.R.S. Title 41, Chapter 6, Article 10.

D. The Department shall certify or recertify an EMT for two years:
1. Except as provided in R9-25-405; or
2. Unless revoked by the Department pursuant to A.R.S. § 36-2211.

E. An individual whose EMT certificate is expired shall not apply for recertification, unless the individual has been granted an extension to file an application for EMT recertification under R9-25-407 or submits an application for recertification, with a certification extension fee, within 30 days after the expiration date of the EMT certification as provided in R9-25-406.

F. An individual whose EMT certificate is expired or denied by the Department may apply for certification pursuant to R9-25-404 or, if applicable, R9-25-405.

G. The Department shall keep confidential all criminal justice information received from the Department of Public Safety or any local, state, tribal, or federal law enforcement agency and shall not make this information available for public record review.

Historical Note
Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 13 A.A.R. 1713, effective June 30, 2007 (Supp. 07-2).

R9-25-402. EMT Certification and Recertification Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (A)(6), 36-2202(G), and 36-2204(1), (6), and (7))

A. The Department shall not certify an EMT if the applicant:
1. Is currently:
   a. Incarcerated for a criminal conviction,
   b. On parole for a criminal conviction,
   c. On supervised release for a criminal conviction, or
   d. On probation for a criminal conviction;
2. Within 10 years before the date of filing an application for certification required by this Article, has been convicted of any of the following crimes, or any similarly defined crimes in this state or in any other state or jurisdiction, unless the conviction has been absolutely discharged, expunged, or vacated:
   a. 1st or 2nd degree murder;
   b. Attempted 1st or 2nd degree murder;
   c. Sexual assault;
   d. Attempted sexual assault;
   e. Sexual abuse of a minor;
   f. Attempted sexual abuse of a minor;
   g. Sexual exploitation of a minor;
   h. Attempted sexual exploitation of a minor;
   i. Commercial sexual exploitation of a minor;
   j. Attempted commercial sexual exploitation of a minor;
   k. Molestation of a child;
   l. Attempted molestation of a child; or
   m. A dangerous crime against children as defined in A.R.S. § 13-604.01;
3. Within five years before the date of filing an application for certification required by this Article, has been convicted of a misdemeanor involving moral turpitude or a felony in this state or any other state or jurisdiction, other than a misdemeanor involving moral turpitude or a felony listed in subsection (A)(2), unless the conviction has been absolutely discharged, expunged, or vacated;
4. Within five years before the date of filing an application for certification required by this Article, has had EMT certification or recertification revoked in this state or EMT certification, recertification, or licensure revoked in any other state or jurisdiction; or
5. Knowingly provides false information in connection with an application required by this Article.

B. The Department shall not recertify an EMT, if:
1. While certified, the applicant has been convicted of a crime listed in subsection (A)(2), or any similarly defined crimes in this state or in any other state or jurisdiction, unless the conviction has been absolutely discharged, expunged, or vacated; or
2. The applicant knowingly provides false information in connection with an application required by this Article.

C. The Department shall certify or recertify an EMT who:
1. Is at least 18 years of age;
2. Is not ineligible for:
   a. Certification pursuant to subsection (A), or
   b. Recertification pursuant to subsection (B); and
3. Meets the applicable requirements in R9-25-404, R9-25-405, or R9-25-406.

Historical Note
Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-403. EMT Probationary Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (A)(6), 36-2202(G), and 36-2204(1), (6), and (7))

A. The Department shall make probation a condition of certification under R9-25-404 or temporary certification under R9-25-405, if within two years before the date of filing an application for certification required by this Article, an applicant who is not ineligible for certification under R9-25-402 has been convicted of a misdemeanor in this state or in any other state or jurisdiction, involving:
1. Possession, use, administration, acquisition, sale, manufacture, or transportation of an intoxicating liquor, dangerous drug, or narcotic drug, unless the conviction has been absolutely discharged, expunged, or vacated; or
2. Driving or being in physical control of a vehicle while under the influence of an intoxicating liquor, a dangerous drug, or a narcotic drug, unless the conviction has been absolutely discharged, expunged, or vacated.

B. The Department shall fix the period and terms of probation that will:
1. Protect the public health and safety, and
2. Remediate and educate the applicant.

Historical Note
Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-404. Application Requirements for EMT Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (G) and 36-2204(1) and (6))

A. An applicant for initial EMT certification shall submit to the Department an application including:
1. An application form provided by the Department containing:
   a. The applicant's name, address, telephone number, date of birth, and Social Security number;
   b. Responses to questions addressing the applicant's criminal history pursuant to R9-25-402(A) and R9-25-403(A);
   c. Attestation that all information required as part of the application has been submitted and is true and accurate; and
   d. The applicant's signature and date of signature;
2. For each affirmative response to a question addressing the applicant's criminal history pursuant to R9-25-402(A) or R9-25-403(A), a detailed explanation and supporting documentation; and
3. If applicable, a copy of EMT certification, recertification, or licensure issued to the applicant in another state or jurisdiction.

B. In addition to the application, the following are required:
1. For EMT-B certification, both:
   a. A certificate of course completion signed by the training program director designated for the course session for either the:
      i. Arizona EMT-B course, as defined in R9-25-305; or
      ii. Arizona EMT-B refresher, as defined in R9-25-306, if the applicant has current certification, licensure, NREMT registration, or NREMT reregistration eligibility at the basic emergency medical technician level or higher level; and
   b. Evidence of current NREMT-Basic registration;
2. For EMT-I(99) certification, both:
   a. A certificate of course completion signed by the training program director designated for the course session for either the:
      i. Arizona EMT-I course, as defined in R9-25-307; or
      ii. Arizona ALS refresher, as defined in R9-25-309, if the applicant has current certification, licensure, NREMT registration, or NREMT reregistration eligibility at the intermediate emergency medical technician level or higher level; and
   b. Evidence of current NREMT-Intermediate registration; or
3. For EMT-P certification, both:
   a. A certificate of course completion signed by the training program director designated for the course session for the:
      i. Arizona EMT-P course, as defined in R9-25-308;
      ii. Arizona ALS refresher, as defined in R9-25-309, if the applicant has current certification, licensure, NREMT registration, or NREMT reregistration eligibility at the paramedic emergency medical technician level; or
      iii. Arizona EMT-I(99)-to-EMT-P transition course; and
   b. Evidence of current NREMT-Paramedic registration.

Historical Note
Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4).

R9-25-405. Application Requirements for Temporary Nonrenewable EMT-B or EMT-P Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), and (A)(4), 36-2202(G), and 36-2204(1), (6), and (7))

A. An individual who holds current NREMT-Basic registration, but does not meet requirements in R9-25-404(B)(1)(a), may apply for one temporary six-month EMT-B certification.

B. An individual who holds current NREMT-Paramedic registration, but does not meet application requirements in R9-25-404(B)(3)(a), may apply for one temporary six-month EMT-P certification.

C. An applicant for temporary certification shall submit to the Department a copy of current NREMT registration and an application required in R9-25-404(A).

D. The Department shall certify an applicant who meets certification requirements under this Section for six months.

E. The Department shall automatically certify an EMT who holds a six month certificate for an additional 18 months, if the EMT:
1. Continues to hold current NREMT-Basic registration or current NREMT-Paramedic registration; and
2. Before the expiration of the six month certificate, meets the applicable application requirements in R9-25-404(B).

F. The Department shall issue an EMT who complies with subsection (E) a new certificate that expires 24 months from the date the six month certificate is issued.

G. An EMT who is not certified under subsection (E):
1. Shall not act as an EMT after the expiration date of the six month certificate,
2. Is not eligible to apply for another six month certificate under this Section,
3. Shall not apply for recertification, and
4. May apply for certification pursuant to R9-25-404.

Historical Note
Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-406. Application Requirements for EMT Recertification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), (A)(6), and (G) and 36-2204(1), (4), and (6))

A. An individual who holds current and valid certification as an EMT in Arizona may, before the expiration date of the individual's current EMT certification, apply for recertification at the same level of EMT certification currently held or at a lower level of EMT certification.

B. An individual whose certification as an EMT in Arizona has an expiration date within the past 30 days may apply for recertification at the same level of EMT certification or at a lower level of EMT certification.

C. To apply for recertification, an applicant shall submit to the Department an application including:
1. An application form provided by the Department containing:
   a. The applicant's name, address, telephone number, date of birth, and Social Security number;
   b. Responses to questions addressing the applicant's criminal history pursuant to R9-25-402(A)(3), R9-25-402(B)(1), and R9-25-411(A);

c. An indication of the level of EMT certification currently held or with an expiration date within the past 30 days and of the level of EMT certification for which recertification is requested;
d. Attestation that all information required as part of the application has been submitted and is true and accurate; and
e. The applicant's signature and date of signature;

2. For each affirmative response to a question addressing the applicant's criminal history pursuant to R9-25-402(A)(3), R9-25-402(B)(1), and R9-25-411(A), a detailed explanation and supporting documentation; and
3. If applicable, a copy of each EMT certification, recertification, or licensure issued to the applicant in another state or jurisdiction that the applicant holds.

D. In addition to the application, an applicant shall submit the following to the Department:

1. For EMT-B recertification, either:
   a. A certificate of course completion signed by the training program director designated for the course session showing that within two years before the expiration date of the applicant's current certificate, the applicant completed either the:
      i. Arizona EMT-B refresher, as defined in R9-25-306; or
      ii. Arizona EMT-B refresher challenge examination, as defined in R9-25-306; or
   b. Evidence of current NREMT-Basic registration;
2. For EMT-I(99) recertification, either:
   a. Attestation that the applicant:
      i. Has completed continuing education as required under subsection (E), and
      ii. Has and will maintain for Department review documentation verifying completion of continuing education as required under subsection (E); or
   b. Evidence of current NREMT-Intermediate registration;
3. For EMT-P recertification, either:
   a. Attestation that the applicant:
      i. Has completed continuing education as required under subsection (E), and
      ii. Has and will maintain for Department review documentation verifying completion of continuing education as required under subsection (E); or
   b. Evidence of current NREMT-Paramedic registration; and
4. For an application submitted within 30 days after the expiration date of EMT certification, a nonrefundable certification extension fee of $150 in the form of a certified check, business check, or money order made payable to the Arizona Department of Health Services.

E. An EMT required to attest to completion of continuing education under subsection (D)(2)(a) or (D)(3)(a) shall complete 60 clock hours of continuing education in the two years before the expiration date of the EMT's current certification or, if applicable, before the end of an extension period granted under R9-25-407, as follows:

1. Seven clock hours through proficiency in cardiopulmonary resuscitation and proficiency in advanced emergency cardiac life support;
2. No more than 48 clock hours for completion of the Arizona ALS refresher;
3. No more than 12 clock hours for passing the Arizona ALS refresher challenge examination;
4. No more than 20 clock hours of training in a single subject covered in the Arizona EMT-I course, the Arizona EMT-P course, or the Arizona ALS refresher;
5. No more than 20 clock hours of teaching in a single subject covered in the Arizona EMT-I course, the Arizona EMT-P course, or the Arizona ALS refresher;
6. No more than 20 clock hours of training related to skills, procedures, or treatments authorized under Article 5 of this Chapter;
7. No more than 20 clock hours of teaching related to skills, procedures, or treatments authorized under Article 5 of this Chapter;
8. No more than 20 clock hours of training in current developments, skills, procedures, or treatments related to the practice of emergency medicine or the provision of emergency medical services;
9. No more than 20 clock hours of participation in or attendance at meetings, conferences, presentations, seminars, or lectures designed to provide understanding of current developments, skills, procedures, or treatments related to the practice of emergency medicine or the provision of emergency medical services;
10. No more than 16 clock hours of training in advanced trauma life support;
11. No more than 16 clock hours of training in pediatric emergency care; and
12. If the individual is certified as an EMT-I(85) and desires to apply for recertification as an EMT-I(99) as provided under R9-25-412, by completing the Arizona EMT-Intermediate transition course, defined in R9-25-301.

F. The Department shall not issue recertification as an EMT-I(85).

G. If an individual submits an application for recertification, with a certification extension fee, within 30 days after the expiration date of the individual's EMT certification, the individual:

1. Was authorized to act as an EMT during the period between the expiration date of the individual's EMT certification and the date the application was submitted, and
2. Is authorized to act as an EMT until the Department makes a final determination on the individual's application for recertification.

H. If an individual does not submit an application for recertification before the expiration date of the individual's EMT certification or, with a certification extension fee, within 30 days after the expiration date of the individual's EMT certification, the individual:

1. Was not authorized to act as an EMT during the 30-day period after the expiration date of the individual's EMT certification, and
2. Is not eligible for recertification.

I. The Department may deny, based on failure to meet the standards for recertification in A.R.S. Title 36, Chapter 21.1 and this Article, an application submitted with a certification extension fee.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4). Amended by final rulemaking at 13 A.A.R. 1713, effective June 30, 2007 (Supp. 07-2).

R9-25-407. Extension to File an Application for EMT Recertification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (6), 36-2202(G), and 36-2204(1), (4), (5), and (7))

A. Before the expiration of a current certificate, an EMT who is unable to meet the recertification requirements in R9-25-406 because of personal or family illness, military service, or authorized federal or state emergency response deployment may apply to the Department in writing for one extension of time to file for recertification.

B. The Department may grant one extension of time to file for recertification:
1. For personal or family illness, for no more than 180 days; or
2. For military service or authorized federal or state emergency response deployment, for the term of service or deployment plus 180 days.

C. An individual applying for or granted an extension of time to file for recertification remains certified pursuant to the conditions of A.R.S. § 41-1092.11.

D. An EMT who does not meet the recertification requirements in R9-25-406 within the extension period or has the application for recertification denied by the Department:
1. Is not eligible to apply for recertification; and
2. May apply for certification pursuant to R9-25-404, or if applicable, R9-25-405.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-408. Requirements for Downgrading of Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (G) and 36-2204(1) and (6))

A. An individual who holds current and valid EMT certification at a level higher than EMT-B and who is not under investigation pursuant to A.R.S. § 36-2211 may apply for continued certification at a lower EMT level for the remainder of the certification period by submitting to the Department:
1. A written request containing:
   a. The EMT's name, address, telephone number, date of birth, and Social Security number;
   b. The lower EMT-level requested;
   c. Attestation that the applicant has not committed an act or engaged in conduct that would warrant revocation of a certificate under A.R.S. § 36-2211;
   d. Attestation that all information submitted is true and accurate; and
   e. The applicant's signature and date of signature; and
2. Either:
   a. A written statement from the EMT's administrative medical director attesting that the EMT is able to perform at the lower level of certification requested; or
   b. If applying for continued certification as an EMT-B, an Arizona EMT-B refresher certificate of completion or an Arizona EMT-B refresher challenge examination certificate of completion signed by the training program director designated for the Arizona EMT-B refresher session.

B. An individual who holds current and valid EMT certification at a level higher than EMT-B and who is not under investigation pursuant to A.R.S. § 36-2211 may apply for recertification at a lower level pursuant to R9-25-406.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).
Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4).

R9-25-409. Notification Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3) and (A)(4), 36-2204(1) and (6), and 36-2211)

A. No later than 30 days after the date an EMT's name legally changes, the EMT shall submit to the Department:
1. A completed form provided by the Department containing:
   a. The name under which the EMT is currently certified by the Department;
   b. The EMT's address, telephone number, and Social Security number; and
   c. The EMT's new name; and
2. Documentation showing that the name has been legally changed.

B. No later than 30 days after the date an EMT's address changes, the EMT shall submit to the Department a completed form provided by the Department containing:
1. The EMT's name, telephone number, and Social Security number; and
2. The EMT's new address.

C. An EMT shall notify the Department in writing no later than 10 days after the date the EMT:
1. Is incarcerated or is placed on parole, supervised release, or probation for any criminal conviction;
2. Is convicted of a crime listed in R9-25-402(A)(2), a misdemeanor involving moral turpitude, or a felony in this state or any other state or jurisdiction;
3. Is convicted of a misdemeanor identified in R9-25-403(A) in this state or any other state or jurisdiction;
4. Has registration revoked or suspended by NREMT; or
5. Has EMT certification, recertification, or licensure revoked or suspended in another state or jurisdiction.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-410. EMT Standards of Practice (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (A)(6), 36-2202(G), 36-2204(1), (6) and (7), 36-2205, and 36-2211)

An EMT shall act as an EMT only:
1. As authorized under the EMT's scope of practice as identified under Article 5 of this Chapter; and
2. For an EMT required to have medical direction pursuant to A.R.S. Title 36, Chapter 21.1 and R9-25-201, as authorized under;
   a. Treatment protocols, triage protocols, and communication protocols approved by the EMT's administrative medical director; and
   b. Medical recordkeeping, medical reporting, and prehospital incident history report requirements approved by the EMT's administrative medical director.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-411. Enforcement Actions (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A(4), and (A)(6), 36-2202(G), 36-2204(1), (6) and (7), and 36-2211)

A. For purposes of A.R.S. § 36-2211(A)(1), unprofessional conduct is an act or omission made by an EMT that is contrary to

the recognized standards or ethics of the EMT profession or that may constitute a danger to the health, welfare, or safety of a patient or the public, including but not limited to:

1. Impersonation of an EMT of a higher level of certification or impersonation of a health professional as defined in A.R.S. § 32-3201;
2. Permitting or allowing another individual to use the EMT certification for any purpose;
3. Aiding or abetting an individual who is not certified pursuant to this Chapter in acting as an EMT or in representing that the individual is certified as an EMT;
4. Engaging in or soliciting sexual relationships, whether consensual or nonconsensual, with a patient while acting as an EMT;
5. Physically or verbally harassing, abusing, threatening, or intimidating a patient or another individual while acting as an EMT;
6. Making false or materially incorrect entries in a medical record or willful destruction of a medical record;
7. Failing or refusing to maintain adequate records on a patient;
8. Soliciting or obtaining monies or goods from a patient by fraud, deceit, or misrepresentation;
9. Aiding or abetting an individual in fraud, deceit, or misrepresentation in meeting or attempting to meet the application requirements for EMT certification or EMT recertification contained in this Article, including the requirements established for:
   a. Completing and passing a course provided by a training program; and
   b. The NREMT examination process and NREMT registration process;
10. Providing false information or making fraudulent or untrue statements to the Department or about the Department during an investigation conducted by the Department;
11. Being incarcerated or being placed on parole, supervised release, or probation for any criminal conviction;
12. Being convicted of a misdemeanor identified in R9-25-403(A), which has not been absolutely discharged, expunged, or vacated;
13. Having NREMT registration revoked or suspended by NREMT for material noncompliance with NREMT rules or standards; and
14. Having EMT certification, recertification, or licensure revoked or suspended in another state or jurisdiction.

B. Under A.R.S. § 36-2211, physical or mental incompetence of an EMT is the EMT's lack of physical or mental ability to provide emergency medical services as required under this Chapter.

C. Under A.R.S. § 36-2211 gross incompetence or gross negligence is an EMT's willful act or willful omission of an act that is made in disregard of an individual's life, health, or safety and that may cause death or injury.

Historical Note
Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

Exhibit I. Repealed

Historical Note
Exhibit I adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

Exhibit J. Repealed

Historical Note
Exhibit J adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

Exhibit K. Repealed

Historical Note
Exhibit K adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-412. Special EMT-I Certification and Recertification Conditions (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), (A)(6), and (G) and 36-2204(1), (4), and (6))

A. Before December 31, 2007, an individual certified as an EMT-I(85) shall do one of the following:
1. Complete the Arizona EMT-Intermediate transition course, defined in R9-25-301, and apply for recertification as an EMT-I(99) under subsection R9-25-406(B) and (C)(2);
2. Apply for recertification as an EMT-B, as provided under R9-25-408(B) and R9-25-406(A);
3. Apply for downgrading of certification to become an EMT-B, as provided under R9-25-408(A); or
4. Allow the individual's EMT-I(85) certification to expire and cease to be a certified EMT.

B. Each EMT-I(85) certification expires on the expiration date shown on the certificate issued by the Department or on December 31, 2007, whichever is sooner.

Historical Note
New Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4).

ARTICLE 5. MEDICAL DIRECTION PROTOCOLS FOR EMERGENCY MEDICAL TECHNICIANS

Article 5, consisting of R9-25-501 through R9-25-508, recodified from Article 8 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3).

Article 5 repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-501. Protocol for Administration of a Vaccine, an Immunizing Agent, or a Tuberculin Skin Test by an EMT-I or an EMT-P

A. In this rule "immunization clinic" means an event organized for the purpose of administering a vaccine, an immunizing agent, or a tuberculin skin test.

B. After meeting the training requirements in subsection (C), an EMT-I or an EMT-P is authorized to administer:
1. A vaccine or an immunizing agent recommended by the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Immunization Program; or
2. A tuberculin skin test.

C. An EMT-I or an EMT-P shall complete immunization training that:
1. Meets all requirements established in the ALS Prehospital Provider Immunization Training Curriculum, dated January 1, 2004, incorporated by reference and on file with the Department, including no future editions or amendments; and available from the Department's Bureau of Emergency Medical Services; and

2. Is approved by the EMT-I's or EMT-P's administrative medical director.

D. An EMT-I or an EMT-P may administer a vaccine, an immunizing agent, or a tuberculin skin test:
1. For an agency sponsoring an immunization clinic;
2. During a scheduled immunization clinic; and
3. Under the direction of a physician under contract with the agency sponsoring the immunization clinic, as required in subsection (F).

E. An EMT-I or an EMT-P who administers a vaccine or immunizing agent authorized in subsection (B) shall:
1. Provide immunization information and written immunization records consistent with and as required in 9 A.A.C. 6, Article 7;
2. Receive signed, written consent consistent with and as required in 9 A.A.C. 6, Article 7; and
3. Provide documentary proof of immunity consistent with and as required in 9 A.A.C. 6, Article 7.

F. The agency sponsoring an immunization clinic shall have a written contract with a medical director who:
1. Is qualified under R9-25-204 or R9-25-205; and
2. Is accessible by telephone, beeper, two-way radio, or in person at the time when the vaccine or immunizing agent is administered.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). New R9-25-501 recodified from R9-25-801 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3).

R9-25-502. EMT's Scope of Practice

An EMT shall perform a medical treatment, procedure, or technique and administer a medication only:
1. Under medical direction if required in A.R.S. Title 36, Chapter 21.1 and R9-25-201;
2. As prescribed in the EMT-B, EMT-I, or EMT-P training curriculum required for Arizona certification or NREMT registration;
3. In a manner consistent with R9-25-410; and
4. According to protocols established in this Article.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). New R9-25-502 recodified from R9-25-802 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3).

R9-25-503. Protocol for an EMT to Administer, Monitor, or Assist in Patient Self-Administration of an Agent

A. An EMT may administer an agent to a patient if:
1. Table 1 indicates that an EMT with the certification held by the EMT may administer the agent;
2. The EMT's administration of the agent complies with any requirements included in this Article related to administration of the agent;
3. The EMT is authorized to administer the agent by:
   a. The EMT's administrative medical director; or
   b. For an EMT-B who does not have an administrative medical director, the emergency medical services provider for which the EMT-B works; and
4. Administering the agent to the patient is consistent with any administrative medical direction and online medical direction received by the EMT.

B. When an EMT administers an agent, the EMT shall document the administration on a prehospital incident history report, as defined in A.R.S. § 36-2220, including at least:
1. Patient name, if available;
2. Agent name;
3. Indications for administration;
4. Dose administered;
5. Route of administration;
6. Date and time of administration; and
7. Observed patient response to administration of the agent.

C. An EMT shall comply with the written standard operating procedure adopted by the emergency medical services provider for which the EMT works as required under R9-25-204(F)(6) or R9-25-210(D)(3), if applicable.

D. An EMT may monitor an agent listed in Table 1 if:
1. Table 1 indicates that an EMT with the certification held by the EMT may monitor or administer the agent;
2. The EMT has completed training in administration of the agent that included at least the following information about the agent:
   a. Class,
   b. Mechanism of action,
   c. Indications and field use,
   d. Contraindications,
   e. Adverse reactions,
   f. Incompatibilities and drug interactions,
   g. Adult dosage,
   h. Pediatric dosage,
   i. Route of administration,
   j. Onset of action,
   k. Peak effects,
   l. Duration of action,
   m. Dosage forms and packaging,
   n. Required Arizona minimum supply, and
   o. Special considerations;
3. If the agent is administered via an infusion pump, the EMT has completed training in the operation of the infusion pump;
4. If the agent is administered via a small volume nebulizer, the EMT has completed training in the operation of the small volume nebulizer; and
5. If the agent is administered via a central line, the EMT is an EMT-P.

E. An EMT may assist in patient self-administration of an agent if:
1. Table 1 indicates that an EMT with the certification held by the EMT may administer or assist in patient self-administration of the agent;
2. The agent is supplied by the patient;
3. The patient or, if the patient is a minor or incapacitated adult, the patient's health care decision maker indicates that the agent is currently prescribed for the patient's symptoms; and
4. The agent is in its original container and not expired.

Table 1. Authorization for Administration, Monitoring, and Assistance in Patient Self-Administration of Agents by EMT Certification; Identification of Transport Agents; Administration Requirements; and Minimum Supply Requirements for Agents

KEY:
A = Authorized to administer the agent
M = Authorized to monitor IV administration of the agent during interfacility transport, if the IV was started at the sending health care institution
PA = Authorized to assist in patient self-administration of the agent
TA = Transport agent for an EMT with the specified certification
IFIP = Agent shall be administered by infusion pump on interfacility transports
IP = Agent shall be administered by infusion pump
SVN = Agent shall be administered by small volume nebulizer
SVN or MDI = Agent shall be administered by small volume nebulizer or metered dose inhaler
* = Optional agent for a BLS ambulance that is not primarily serving as the first emergency medical services provider arriving on scene in response to an emergency dispatch
** = The minimum supply for an EMT assigned to respond by bicycle or on foot is 2 cubic feet.
*** = An EMT-B may administer if authorized under R9-25-505.
[ ] = Minimum supply required if an EMS provider chooses to make the optional agent available for EMT administration

AGENT	MINIMUM SUPPLY	EMT-P	EMT-I(99) Certified Before 1/6/07	EMT-I(99) Certified On or After 1/6/07	EMT-I(85)	EMT-B
Adenosine	30 mg	A	A	A	-	-
Albuterol Sulfate SVN or MDI (sulfite free)	10 mg	A	A	A	A	-
Amiodarone IFIP	Optional [300 mg]	A	A	-	-	-
Antibiotics	None	TA	TA	TA	TA	-
Antiemetics:	Optional					
Promethazine HCl	[25 mg]	A	A	A	A	-
Ondansetron HCl	[4 mg]	A	A	A	A	-
Prochlorperazine edisylate	[10 mg]	A	A	A	A	-
Aspirin	324 mg	A	A	A	A	A
Atropine Sulfate	4 prefilled syringes, total of 4 mg	A	A	A	-	-
Atropine Sulfate	8 mg multidose vial (1)	A	A	A	A	-
Blood	None	TA	TA	-	-	-
Bronchodilator, inhaler	None	PA	PA	PA	PA	PA
Calcium Chloride	1 g	A	A	-	-	-
Charcoal, Activated (without sorbitol)	Optional [50 g]	A	A	A	A	A
Colloids	None	TA	TA	TA	TA	-
Corticosteroids IP	None	TA	TA	TA	TA	-
Dexamethasone	Optional [8 mg]	A	A	A	A	-
Dextrose	50 g	A	A	A	A	-
Dextrose, 5% in H_2O	Optional [250 mL bag (1)]	A	A	A	A	M***
Diazepam	20 mg	A	A	A	A	-
Diazepam Rectal Delivery Gel	Optional [20 mg]	A	A	A	A	-
Diltiazem IFIP	25 mg	A	A	-	-	-
or						
Verapamil HCl	10 mg	A	A	-	-	-
Diphenhydramine HCl	50 mg	A	A	A	A	-
Diuretics	None	TA	TA	TA	-	-
Dopamine HCl IFIP	400 mg	A	A	-	-	-
Electrolytes/Crystalloids (Commercial Preparations)	None	TA	TA	TA	TA	M
Epinephrine Auto-Injector	2 adult auto-injectors* 2 pediatric auto-injectors*	-	-	-	-	A

Epinephrine Auto-Injector	Optional [2 adult auto-injectors 2 pediatric auto-injectors]	A	A	A	A	-
Epinephrine HCl, 1:1,000	2 mg	A	A	A	A	-
Epinephrine HCl, 1:1,000	30 mg multidose vial (1)	A	A	A	-	-
Epinephrine HCl, 1:10,000	5 mg	A	A	A	-	-
Etomidate	Optional [40 mg]	A	-	-	-	-
Fosphenytoin Na [IP] or Phenytoin Na [IP]	None	TA	TA	-	-	-
Furosemide or, If Furosemide is not available, Bumetanide	100 mg 4 mg	A A	A A	A A	A A	- -
Glucagon[IFIP]	2 mg	A	A	A	A	-
Glucose, oral	Optional [30 gm]	A	A	A	A	A
Glycoprotein IIb/IIIa Inhibitors	None	TA	TA	-	-	-
H_2 Blockers	None	TA	TA	TA	TA	-
Heparin Na [IP]	None	TA	TA	-	-	-
Ipratropium Bromide 0.02%[SVN or MDI]	5 mL	A	A	A	A	-
Lactated Ringers	1 L bag (2)	A	A	A	A	M***
Lidocaine HCl IV	3 prefilled syringes, total of 300 mg 1 g vials or premixed infusion, total of 2 g	A	A	A	-	-
Lorazepam	Optional [8 mg]	A	A	A	A	-
Magnesium Sulfate [IFIP]	5 g	A	A	-	-	-
Methylprednisolone Sodium Succinate	250 mg	A	A	A	A	-
Midazolam	Optional [10 mg]	A	A	-	-	-
Morphine Sulfate	20 mg	A	A	A	A	-
Nalmefene HCl	Optional [4 mg]	A	A	A	A	-
Naloxone HCl	10 mg	A	A	A	A	-
Nitroglycerin IV Solution [IP]	None	TA	TA	-	-	-
Nitroglycerin Sublingual Spray or Nitroglycerin Tablets	1 bottle 1 bottle	A A	A A	A A	A A	PA PA
Nitrous Oxide	Optional [Nitrous oxide 50% / Oxygen 50% fixed ratio setup with O_2 fail-safe device and self-administration mask, 1 setup]	A	A	A	A	-
Normal Saline	1 L bag (2) 250 mL bag (1) 50 mL bag (2)	A	A	A	A	M***
Oxygen	13 cubic feet**	A	A	A	A	A
Oxytocin	Optional [10 units]	A	A	A	A	-
Phenobarbital Na [IP]	None	TA	TA	-	-	-
Phenylephrine Nasal Spray 0.5%	1 bottle	A	A	A	A	-
Potassium Salts [IP]	None	TA	TA	-	-	-
Procainamide HCl [IP]	None	TA	TA	-	-	-
Racemic Epinephrine [SVN]	None	TA	TA	-	-	-
Sodium Bicarbonate 8.4%	100 mEq	A	A	A	A	-

Succinylcholine	Optional [400 mg]	A	-	-	-	-
Theophylline [IP]	None	TA	TA	-	-	-
Thiamine HCl	100 mg	A	A	A	A	-
Total Parenteral Nutrition, with or without lipids[IFIP]	None	TA	TA	-	-	-
Vasopressin	Optional [40 units]	A	A	-	-	-
Vitamins	None	TA	TA	TA	TA	-

Historical Note
Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). New R9-25-503 recodified from R9-25-803 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3). Amended by exempt rulemaking at 13 A.A.R. 27, effective January 6, 2007 (Supp. 06-4). Amended by exempt rulemaking at 13 A.A.R. 578, effective January 31, 2007 (Supp. 07-1).

Exhibit 1. Repealed

Historical Note
New Exhibit 1 recodified from Article 8, Exhibit 1 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3). Amended by exempt rulemaking at 11 A.A.R. 1438, effective March 25, 2005 (Supp. 05-1). Amended by exempt rulemaking at 11 A.A.R. 2379, effective June 8, 2005 (Supp. 05-2). Amended by exempt rulemaking at 11 A.A.R. 3177, effective September 1, 2005 (Supp. 05-3). Exhibit 1 repealed by exempt rulemaking at 13 A.A.R. 27, effective January 6, 2007 (Supp. 06-4).

Exhibit 2. Repealed

Historical Note
New Exhibit 2 recodified from Article 8, Exhibit 2 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3). Amended by exempt rulemaking at 11 A.A.R. 1438, effective March 25, 2005 (Supp. 05-1). Exhibit 2 repealed by exempt rulemaking at 13 A.A.R. 27, effective January 6, 2007 (Supp. 06-4).

Exhibit 3. Repealed

Historical Note
Exhibit made by exempt rulemaking at 11 A.A.R. 1438, effective March 25, 2005 (Supp. 05-1). Exhibit 3 repealed by exempt rulemaking at 13 A.A.R. 27, effective January 6, 2007 (Supp. 06-4).

R9-25-504. Protocol for Selection of a Health Care Institution for Emergency Medical Patient Transport

A. In this Section:
1. "Emergency receiving facility" has the same meaning as in A.R.S. § 36-2201.
2. "Transfer care" means to relinquish to the control of another the ongoing medical treatment of an emergency medical patient.

B. An EMT shall, except as provided in subsection (C), transport an emergency medical patient to an emergency receiving facility.

C. Under A.R.S. §§ 36-2205(E) and 36-2232(F), an EMT who responds to an emergency medical patient who has accessed 9-1-1 or a similar public dispatch number may refer, advise, or transport the emergency medical patient to the most appropriate health care institution, if the EMT:
1. Determines, based upon medical direction, that the emergency medical patient's condition does not pose an immediate threat to life or limb;
2. Provides the emergency medical patient with a written list of health care institutions that are available to deliver emergency medical care to the emergency medical patient. The list shall:
   a. Include the name, address, and telephone number of each health care institution;
   b. If a health care institution is licensed under A.R.S. Title 36, Chapter 4, identify the classification or subclassification of the health care institution assigned under 9 A.A.C. 10; and
   c. Only include a health care institution that the administrative medical director has determined is able to accept an emergency medical patient; and
3. Determines, based upon medical direction, the health care institution to which the emergency medical patient may be transported, based on the following:
   a. The patient's:
      i. Medical condition,
      ii. Choice of health care institution, and
      iii. Health care provider; and
   b. The location of the health care institution and the emergency medical resources available at the health care institution.

D. Before initiating transport of an emergency medical patient, an EMT, emergency medical services provider, or ambulance service shall notify, by radio or telephone communication, a health care institution that is not an emergency receiving facility of the EMT's intent to transport the emergency medical patient to the health care institution.

E. An EMT transporting an emergency medical patient to a health care institution that is not an emergency receiving facility shall transfer care of the emergency medical patient to a designee authorized by:
1. A physician licensed under A.R.S. Title 32, Chapter 13 or 17;
2. A physician assistant licensed under A.R.S. Title 32, Chapter 25; or
3. A registered nurse licensed under A.R.S. Title 32, Chapter 15.

F. Before implementing this rule, an emergency medical services provider or an ambulance service shall notify the Department in writing of the intent to implement the rule.

G. An emergency medical services provider or an ambulance service that implements this rule shall make available for Department review and inspection written records relating to the transport of an emergency medical patient under subsections (C), (D), and (E).

Historical Note
Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). New R9-25-504 recodified from R9-25-804 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3).

R9-25-505. Protocol for IV Access by an EMT-B

A. In this Section, unless the context otherwise requires, "EMS provider agency" means the emergency medical services provider or the ambulance service for whom the EMT-B is acting as an EMT-B.

B. An EMT-B is authorized to perform IV access only after completing training that meets all requirements established in Exhibit 1.

C. Before performing IV access, an EMT-B trained in IV access shall have received prior written approval from the EMT-B's EMS provider agency and from an administrative medical director who agrees to provide medical direction for the EMT-B.

D. An EMT-B shall perform IV access only under "on line" medical direction, under standing orders approved by the administrative medical director, or under the direction of a currently certified EMT-I or EMT-P who is also attending the patient upon whom the EMT-B is to perform the procedure.

E. The administrative medical director shall be responsible for quality assurance and skill maintenance, and shall record and maintain a record of the EMT-B's IV access attempts.

F. An EMT-B trained in this optional procedure shall have a minimum of 5 IV starts per year. If less than 5, the EMT-B shall participate in a supervised base hospital clinical experience in which to obtain the minimum of 5 IV starts.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). New R9-25-505 recodified from R9-25-805 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3).

Exhibit 1. Lecture/Lab Vascular Access for EMT-Basics

Lecture/Lab

Vascular Access for EMT-Basics

Course Description:

Includes review of anatomy of the circulatory system. Skills will include peripheral intravenous cannulation techniques, fluid resuscitation, obtaining venous blood samples for laboratory analysis; infection control techniques for the safety of self and victim; complications of intravenous cannulation.

Prerequisites:

Certified EMT-Basic, under Medical Direction

Course Competencies:

This course is designed to develop the following course competencies:

1. Identify the need for fluid resuscitation in neonate, infant, pediatric, and adult victims (I);
2. Identify and describe the vascular anatomy and venous access for the neonate, infant, pediatric, and adult victims (II);
3. Identify and differentiate isotonic, hypotonic, and hypertonic solutions (III);
4. Select fluids; set up and manage equipment (IV);
5. Identify and demonstrate aseptic and safety techniques (V);
6. Identify and describe indications and contraindications for intravenous site selection (VI);
7. Perform all peripheral intravenous cannulation techniques (VII);
8. Perform blood drawing techniques (VIII);
9. Monitor infusion (IX);
10. Demonstrate 100% accuracy in intravenous techniques in selected scenarios (X);
11. Demonstrate 85% proficiency on a written examination (XI).

Historical Note

New Exhibit 1 recodified from Article 8, Exhibit 1 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3).

Exhibit 2. Course Outline

Vascular Access for EMT-Basic

COURSE OUTLINE

I. Indications for Vascular Access
   - A. Restore fluid volume
   - B. Restore and maintain electrolyte balance
   - C. Administration of medications
   - D. Obtaining blood specimen

II. Identification of common vascular sites

III. Intravenous Solutions
   - A. Isotonic
   - B. Hypotonic
   - C. Hypertonic
   - D. Indications for each

IV. Needle/Catheters and Intravenous Administration Sets
   - A. Types
   - B. Sizes
   - C. Administration sets
   - D. Set-up

V. Asepsis and Safety
   - A. Site preparation
   - B. Universal precautions

C. "Sharp" disposal

VI. Site selection

VII. Peripheral Intravenous Cannulation

VIII. Drawing Blood

A. Indication

B. Site preparation

C. Universal precautions

D. Labeling specimen(s)

E. "Sharp" disposal

F. Documentation

IX. Monitoring the Intravenous Infusion

A. Calculation of rate of infusion

B. Signs and symptoms of infiltration and extravasation

C. Techniques for removal

D. Documentation

X. Practicals

A. Mannequin

B. Human subjects

XI. Final Written Examinations

Historical Note

New Exhibit 2 recodified from Article 8, Exhibit 2 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3).

R9-25-506. Testing of Medical Treatments, Procedures, Medications, and Techniques that May Be Administered or Performed by an EMT

A. Under A.R.S. § 36-2205, the Department may authorize the testing and evaluation of a medical treatment, procedure, technique, practice, medication, or piece of equipment for possible use by an EMT or an emergency medical services provider.

B. Before authorizing any test and evaluation pursuant to subsection (A), the Department director shall approve the test and evaluation according to subsections (C), (D), (E).

C. The Department director shall consider approval of a test and evaluation conducted pursuant to subsection (A), only if a written request for testing and evaluation:

1. Is submitted to the Department director from:
   a. The Department,
   b. A state agency other than the Department,
   c. A political subdivision of this state,
   d. An EMT,
   e. An emergency medical services provider,
   f. An ambulance service, or
   g. A member of the public; and
2. Includes:
   a. A cover letter, signed and dated by the individual making the request;
   b. An identification of the person conducting the test and evaluation;
   c. An identification of the medical treatment, procedure, technique, practice, medication, or piece of equipment to be tested and evaluated;
   d. An explanation of the reasons for and the benefits of the test and evaluation;
   e. The scope of the test and evaluation, including the:
      i. Projected number of individuals, EMTs, emergency medical services providers, or ambulance services involved; and
      ii. Proposed length of time required to complete the test and evaluation; and
   f. The methodology to be used to evaluate the test's and evaluation's findings.

D. The Department director shall approve a test and evaluation if:

1. The test and evaluation does not pose a threat to the public health, safety, or welfare;
2. The test is necessary to evaluate the safest and most current advances in medical treatments, procedures, techniques, practices, medications, or equipment; and
3. The medical treatment, procedure, technique, practice, medication, or piece of equipment being tested and evaluated may:
   a. Reduce or eliminate the use of outdated or obsolete medical treatments, procedures, techniques, practices, medications, or equipment;
   b. Improve patient care; or
   c. Benefit the public's health, safety, or welfare.

E. Within 180 days of receiving a written request for testing and evaluation that contains all of the information in subsection (C), the Department director shall send written notification of approval or denial of the test and evaluation to the individual making the request.

F. Upon completion of a test and evaluation authorized by the Department director, the person conducting the test and evaluation shall submit a written report to the Department director that includes:

1. An identification of the test and evaluation;
2. A detailed evaluation of the test; and
3. A recommendation regarding future use of the medical treatment, procedure, technique, practice, medication, or piece of equipment tested and evaluated.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). New R9-25-506 recodified

from R9-25-806 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3).

R9-25-507. Protocol for an EMT-P to Practice Knowledge and Skills in a Hazardous Materials Incident

A. In this Section:
1. "Hazardous materials" has the same meaning as in A.R.S. § 26-301.
2. "Hazardous materials incident" has the same meaning as in A.R.S. § 26-301.
3. "Drug" has the same meaning as in A.R.S. § 32-1901.

B. An EMT-P is authorized to perform a medical treatment or administer a drug when responding to a hazardous materials incident only after meeting the hazardous materials training requirements in subsection (C) or (D).

C. An EMT-P shall complete hazardous materials training that:
1. Includes at least 16 clock hours covering the:
   a. Principles of managing a hazardous materials incident;
   b. Role of medical direction in the management of a hazardous materials incident;
   c. Human and material resources necessary for the management of a hazardous materials incident;
   d. Procedures and equipment necessary for personal protection in a hazardous materials incident;
   e. Medical monitoring of emergency workers responding to a hazardous materials incident;
   f. Types of hazardous materials to which an emergency medical patient may be exposed, including the toxicity and the signs and symptoms of each type;
   g. Routes by which an emergency medical patient may be exposed to a hazardous material;
   h. Decontamination of an emergency medical patient exposed to a hazardous material;
   i. Assessment of an emergency medical patient exposed to a hazardous material, including a patient history and a physical examination of the patient;
   j. Medical management of an emergency medical patient exposed to each type of hazardous material;
   k. Possible contents of a hazardous materials drug box; and
   l. Pharmacokinetics of drugs which may be included in a hazardous materials drug box;
2. Requires the EMT-P to demonstrate competency in the subject matter listed in subsection (C)(1); and
3. Is approved by the EMT-P's administrative medical director based upon a determination that the hazardous materials training meets the requirements in subsections (C)(1) and (C)(2).

D. Every 24 months after meeting the requirements in subsection (C), an EMT-P shall complete hazardous materials training that:
1. Includes subject matter listed in subsection (C)(1),
2. Requires the EMT-P to demonstrate competency in the subject matter completed, and
3. Is approved by the EMT-P's administrative medical director based upon a determination that the hazardous materials training meets the requirements in subsections (D)(1) and (D)(2).

E. An administrative medical director of an EMT-P who completes hazardous materials training required in subsection (C) or (D) shall:
1. Maintain for Department review and inspection written evidence that the EMT-P has completed hazardous materials training required in subsection (C) or (D), including at least:
   a. The name of the hazardous materials training,
   b. The date the hazardous materials training was completed, and
   c. A signed and dated attestation from the administrative medical director that the hazardous materials training is approved; and
2. Ensure that the EMT-P submits to each emergency medical services provider or ambulance service for which the EMT-P is acting as an EMT-P, the written evidence specified in subsections (E)(1)(a) and (E)(1)(b).

F. An EMT-P authorized under this Section to perform a medical treatment or administer a drug when responding to a hazardous materials incident may carry and administer drugs authorized under medical direction.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). New R9-25-507 recodified from R9-25-807 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3).

R9-25-508. Protocol for an EMT-B to Perform Endotracheal Intubation

A. Endotracheal intubation performed by an EMT-B is an advanced procedure that requires medical direction.

B. An EMT-B is authorized to perform endotracheal intubation only after completing training that:
1. Meets all requirements established in the EMT-B Endotracheal Intubation Training Curriculum, dated January 1, 2004, incorporated by reference and on file with the Department, including no future editions or amendments; and available from the Department's Bureau of Emergency Medical Services; and
2. Is approved by the EMT-B's administrative medical director.

C. An EMT-B shall perform endotracheal intubation as:
1. Prescribed in the EMT-B Endotracheal Intubation Training Curriculum, and
2. Authorized by the EMT-B's administrative medical director.

D. The administrative medical director shall be responsible for quality assurance and skill maintenance, and shall record and maintain a record of the EMT-B's performance of endotracheal intubation.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Subsection (A)(2) corrected to reflect adopted rules on file with the Office of the Secretary of State, effective October 15, 1996 (Supp. 97-1). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). New R9-25-508 recodified from R9-25-808 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3).

R9-25-509. Repealed

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). New Section made by exempt rulemaking at 11 A.A.R. 2379, effective June 8, 2005 (Supp. 05-2). Section repealed by exempt rulemaking at 13 A.A.R. 3038, effective October 6, 2007 (Supp. 07-3).

R9-25-510. Protocol for EMT-B Carrying and Administration of Aspirin (A.R.S. §§ 36-2202, 36-2204, 36-2205, and 36-2209)

A. An EMT-B is authorized to carry aspirin for administration as described in subsection (B).

B. An EMT-B is authorized to administer aspirin only to an adult patient who is suffering from chest pain or other signs or symptoms suggestive of acute myocardial infarction.

C. An EMT-B's administration of aspirin to an adult patient who is suffering from chest pain or other signs or symptoms suggestive of acute myocardial infarction is not an advanced procedure that requires the EMT-B to have administrative medical direction and on-line medical direction.

D. For purposes of this Section, "adult" means 18 years of age or older.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). New Section made by exempt rulemaking at 11 A.A.R. 1502, effective April 1, 2005 (Supp. 05-1). Amended by exempt rulemaking at 11 A.A.R. 2379, effective June 8, 2005 (Supp. 05-2).

Exhibit P. Repealed

Historical Note

Exhibit P adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-511. Protocol for EMT-B Use of an Esophageal Tracheal Double Lumen Airway Device (ETDLAD) (A.R.S. §§ 36-2202, 36-2204, 36-2205, and 36-2209)

A. For an EMT-B, the ability to use an esophageal tracheal double lumen airway device (ETDLAD) is an optional skill attained by completing training for the use of an ETDLAD as prescribed in this Section.

B. Use of an ETDLAD is an advanced procedure, as defined in R9-25-101, that requires an EMT-B to have administrative medical direction and the ability to receive online medical direction.

C. An EMT-B shall not use an ETDLAD until the EMT-B has completed training that:

1. Includes at least four clock hours covering:
   a. Respiratory anatomy and physiology;
   b. Respiratory assessment and basic airway management techniques;
   c. The requirements of this Section;
   d. The design and function of an ETDLAD;
   e. The indications and contraindications for using an ETDLAD;
   f. The advantages of and potential complications from using an ETDLAD;
   g. The correct technique for inserting and managing an airway with an ETDLAD; and
   h. Documenting the use of an ETDLAD;
2. Includes a post-training written evaluation and a practical skills evaluation to ensure that the EMT-B demonstrates competency in the subject matter listed in subsection (C)(1) and in correctly inserting and managing an airway with an ETDLAD, with a score of at least 80% required to demonstrate competency on the written evaluation; and
3. Is approved by the EMT-B's administrative medical director.

D. An EMT-B who has completed initial training as described in subsection (C) and who desires to maintain authorization to use an ETDLAD shall complete refresher training that complies with subsection (C) at least once every 24 months after completing the initial training.

E. An EMT-B shall use an ETDLAD only as authorized by the EMT-B's administrative medical director.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Subsection (C) corrected to reflect adopted rules on file with the Office of the Secretary of State, effective October 15, 1996 (Supp. 97-3). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). New Section made by exempt rulemaking at 11 A.A.R. 4982, effective November 1, 2005 (Supp. 05-4).

R9-25-512. Grace Period for EMT-I(99)s Certified Before January 6, 2007

A. Except as provided in subsection (C), an individual currently and validly certified as an EMT-I(99) in Arizona as of January 5, 2007, is authorized, until January 6, 2009, to administer, monitor, assist in patient self-administration of, and use as transport agents the agents authorized in Table 1 for an "EMT-I(99) Certified Before 1/6/07."

B. An individual who becomes certified as an EMT-I(99) in Arizona on or after January 6, 2007, is authorized to administer, monitor, assist in patient self-administration of, and use as transport agents the agents authorized in Table 1 for an "EMT-I(99) Certified On or After 1/6/07."

C. If an individual described under subsection (A) allows the individual's EMT-I(99) certification to expire before January 6, 2009, the individual no longer qualifies under subsection (A) and instead shall comply with subsection (B).

D. Effective January 6, 2009, an individual described under subsection (A) is authorized to administer, monitor, assist in patient self-administration of, and use as transport agents only the agents authorized in Table 1 for an "EMT-I(99) Certified On or After 1/6/07."

E. For purposes of this Section, "currently and validly certified" means holding certification issued by the Department that is not expired, suspended, or otherwise restricted.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Subsection (A) corrected to reflect adopted rules on file with the Office of the Secretary of State, effective October 15, 1996 (Supp. 97-1). Subsection (A) corrected again to reflect adopted rules on file with the Office of the Secretary of State, effective October 15, 1996 (Supp. 97-3). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). New Section made by exempt rulemaking at 13 A.A.R. 27, effective January 6, 2007 (Supp. 06-4).

R9-25-513. Supplemental Skill Training Instructor Requirements

A. A person who provides or oversees supplemental skill training to an EMT shall ensure that each individual who serves as an instructor for the supplemental skill training either:

1. Meets the qualifications for an instructor specified in the supplemental skill training curriculum or rule; or
2. If there are not qualifications for an instructor specified in the supplemental skill training curriculum or rule, meets the following:
   a. Would qualify, under R9-25-312(D), to serve as a preceptor for a course at the level of EMT certification held by the EMT; and
   b. If an EMT, is authorized to perform the supplemental skill as provided under this Article.

B. For purposes of this Section, "supplemental skill" means a proficiency acquired through additional training authorized under this Article.

Historical Note
Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). New Section made by exempt rulemaking at 13 A.A.R. 3038, effective October 6, 2007 (Supp. 07-3).

R9-25-514. Repealed

Historical Note
Adopted effective October 15, 1996 (Supp. 96-4). Amended by exempt rulemaking at 7 A.A.R. 4888, effective November 1, 2001 (Supp. 01-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-515. Repealed

Historical Note
Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

ARTICLE 6. REPEALED

Article 6 repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-601. Repealed

Historical Note
Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-602. Repealed

Historical Note
Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-603. Repealed

Historical Note
Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-604. Repealed

Historical Note
Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-605. Repealed

Historical Note
Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-606. Repealed

Historical Note
Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-607. Repealed

Historical Note
Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-608. Repealed

Historical Note
Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-609. Repealed

Historical Note
Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

Exhibit R. Repealed

Historical Note
Exhibit R adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-610. Repealed

Historical Note
Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-611. Repealed

Historical Note
Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-612. Repealed

Historical Note
Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-613. Repealed

Historical Note
Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-614. Repealed

Historical Note
Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-615. Repealed

Historical Note
Adopted effective October 15, 1996 (Supp. 96-4). Amended by exempt rulemaking at 7 A.A.R. 4888, effective November 1, 2001 (Supp. 01-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-616. Repealed

Historical Note
Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective

January 3, 2004 (Supp. 03-4).

Exhibit S. Repealed

Historical Note
Exhibit S adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

Exhibit G. Repealed

Historical Note
Exhibit G adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

Exhibit L. Repealed

Historical Note
Exhibit L adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

Exhibit M. Repealed

Historical Note
Exhibit M adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

Exhibit N. Repealed

Historical Note
Exhibit N adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

Exhibit O. Repealed

Historical Note
Exhibit O adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

Exhibit Q. Repealed

Historical Note
Exhibit Q adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

ARTICLE 7. AIR AMBULANCE SERVICE LICENSING

R9-25-701. Definitions (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2212, 36-2213, 36-2214, and 36-2215)

In addition to the definitions in A.R.S. § 36-2201, the following definitions apply in this Article and in Article 8 of this Chapter, unless otherwise specified:

1. "Advanced life support" means pertaining to a patient whose condition requires care commensurate with the scope of practice of an EMT-P.
2. "Air ambulance" means an aircraft that is an "ambulance" as defined in A.R.S. § 36-2201.
3. "Air ambulance service" means an ambulance service that operates an air ambulance.
4. "Applicant" means an owner requesting:
   a. An initial or renewal air ambulance service license under Article 7 of this Chapter,
   b. An initial or renewal air ambulance certificate of registration under Article 8 of this Chapter, or
   c. Transfer of an air ambulance service license under R9-25-706.
5. "Base location" means a physical location at which a person houses an air ambulance or equipment and supplies used for the operation of an air ambulance service or provides administrative or other support for the operation of an air ambulance service.
6. "Basic life support" means pertaining to a patient whose condition requires care commensurate with the scope of practice of an EMT-B.
7. "Business organization" means an entity such as an association, cooperative, corporation, limited liability company, or partnership.
8. "Call number" means a unique identifier used by an air ambulance service to identify a specific mission.
9. "CAMTS" means the Commission on Accreditation of Medical Transport Systems, formerly known as the Commission on Accreditation of Air Medical Services.
10. "Change of ownership" means a transfer of controlling legal or controlling equitable interest and authority in an air ambulance service.
11. "Convalescent transport" means conveyance of a patient at a prearranged time when either the patient's original location or destination is not a health care institution.
12. "Critical care" means pertaining to a patient whose condition requires care commensurate with the scope of practice of a physician or registered nurse.
13. "Current" means up-to-date and extending to the present time.
14. "EMT" means "certified emergency medical technician," as defined in A.R.S. § 36-2201.
15. "EMT-B" means "basic emergency medical technician," as defined in A.R.S. § 36-2201.
16. "EMT-I" means "intermediate emergency medical technician," as defined in A.R.S. § 36-2201.
17. "EMT-P" means "emergency paramedic," as defined in A.R.S. § 36-2201.
18. "Estimated time of arrival" means the number of minutes from the time that an air ambulance service agrees to perform a mission to the time that an air ambulance arrives at the scene.
19. "Health care institution" has the same meaning as in A.R.S. § 36-401.
20. "Holds itself out" means advertises through print media, broadcast media, the Internet, or other means.
21. "Interfacility" means between two health care institutions.
22. "Licensed respiratory care practitioner" has the same meaning as in A.R.S. § 32-3501.
23. "Maternal" means pertaining to a woman whose pregnancy is considered by a physician to be high risk, who is in need of critical care services related to the pregnancy, and who is being transferred to a medical facility that has the specialized perinatal and neonatal resources and capabilities necessary to provide an appropriate level of care.
24. "Medical direction" has the same meaning as in R9-25-101.
25. "Medical team" means personnel whose main function on a mission is the medical care of the patient being transported.
26. "Mission" means a transport job that involves an air ambulance service's sending an air ambulance to a patient's location to provide transport of the patient from one location to another, whether or not transport of the patient is actually provided.
27. "Neonatal" means pertaining to an infant who is 28 days of age or younger and who is in need of critical care services.
28. "On-line medical direction" has the same meaning as in R9-25-101.

29. "On-line medical guidance" means emergency medical services direction or information provided to a non-EMT medical team member by a physician through two-way voice communication.
30. "Operate an air ambulance in this state" means:
    a. Transporting a patient via air ambulance from a location in this state to another location in this state;
    b. Operating an air ambulance from a base location in this state; or
    c. Transporting a patient via air ambulance from a location in this state to a location outside of this state more than once per month.
31. "Owner" means a person that holds a controlling legal or equitable interest and authority in a business enterprise.
32. "Patient" has the same meaning as in R9-25-101.
33. "Patient reference number" means a unique identifier used by an air ambulance service to identify an individual patient.
34. "Pediatric" means for use in the treatment of children or other individuals whose size falls within the scope of a pediatric equipment sizing reference guide.
35. "Pediatric equipment sizing reference guide" means a chart or device, such as a Broselow™ tape, used to determine the size of medical equipment to be used for a patient who is a child or of small stature, generally based on either patient length or age and weight.
36. "Person" means:
    a. An individual;
    b. A business organization; or
    c. An administrative unit of the U.S. government, state government, or a political subdivision of the state.
37. "Personnel" means individuals who work for an air ambulance service, with or without compensation, whether as employees, contractors, or volunteers.
38. "Premises" means each physical location of air ambulance service operations and includes all equipment and records at each location.
39. "Proficiency in neonatal resuscitation" means current and valid certification in neonatal resuscitation obtained through completing a nationally recognized training program such as the American Academy of Pediatrics and American Heart Association NRP: Neonatal Resuscitation Program.
40. "Publicizes" means makes a good faith effort to communicate information to the general public through print media, broadcast media, the Internet, or other means.
41. "Registered nurse" has the same meaning as in A.R.S. § 32-1601.
42. "Regularly" means at recurring, fixed, or uniform intervals.
43. "Rescue situation" means an incident in which:
    a. An individual's life, limb, or health is imminently threatened; and
    b. The threat may be reduced or eliminated by removing the individual from the situation and providing medical services.
44. "Scene" means the location of the patient to be transported or the closest point to the patient at which an air ambulance can arrive.
45. "Subspecialization" means:
    a. For a physician board certified by a specialty board approved by the American Board of Medical Specialties, subspecialty certification;
    b. For a physician board certified by a specialty board approved by the American Osteopathic Association, attainment of either a certification of special qualifications or a certification of added qualifications; and
    c. For a physician who has completed an accredited residency program, completion of at least one year of training pertaining to the specified area of medicine.
46. "Two-way voice communication" means that two individuals are able to convey information back and forth to each other orally, either directly or through a third-party relay.
47. "Valid" means that a license, certification, or other form of authorization is in full force and effect and not suspended.
48. "Working day" means the period between 8:00 a.m. and 5:00 p.m. on a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state holiday.

Historical Note
New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

R9-25-702. Applicability (A.R.S. §§ 36-2202(A)(4) and 36-2217)
This Article and Article 8 of this Chapter do not apply to persons and vehicles exempted from the provisions of A.R.S. Title 36, Chapter 21.1 as provided in A.R.S. § 36-2217(A).

Historical Note
New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

R9-25-703. Requirement and Eligibility for a License (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2212, 36-2213, 36-2214, and 36-2215)
A. A person shall not operate an air ambulance in this state unless the person has a current and valid air ambulance service license and, except as provided in A.R.S. § 36-2212(C), a current and valid certificate of registration for the air ambulance as required under Article 8 of this Chapter.
B. To be eligible to obtain an air ambulance service license, an applicant shall:
1. Hold current and valid Registration and Exemption under 14 CFR 298, as evidenced by a current and valid OST Form 4507 showing the effective date of registration;
2. Hold the following issued by the Federal Aviation Administration:
    a. A current and valid Air Carrier Certificate authorizing common carriage under 14 CFR 135;
    b. If operating a rotor-wing air ambulance, current and valid Operations Specifications authorizing aeromedical helicopter operations;
    c. If operating a fixed-wing air ambulance, current and valid Operations Specifications authorizing airplane air ambulance operations;
    d. A current and valid Certificate of Registration for each air ambulance to be operated; and
    e. A current and valid Airworthiness Certificate for each air ambulance to be operated;
3. Have applied for a certificate of registration, issued by the Department under Article 8 of this Chapter, for each air ambulance to be operated by the air ambulance service;
4. Hold a current and valid registration, issued by the Arizona Department of Transportation under A.R.S. Title 28, Chapter 25, Article 4, for each air ambulance to be operated by the air ambulance service;
5. Have current and valid liability insurance coverage for the air ambulance service that complies with A.R.S. § 36-

2215 and that has at least the following maximum liability limits:
a. $1 million for injuries to or death of any one person arising out of any one incident or accident;
b. $3 million for injuries to or death of more than one person in any one incident or accident; and
c. $500,000 for damage to property arising from any one incident or accident;
6. Have current and valid malpractice insurance coverage for the air ambulance service that complies with A.R.S. § 36-2215 and that has a maximum liability limit of at least $1 million per occurrence; and
7. Comply with all applicable requirements of this Article, Articles 2 and 8 of this Chapter, and A.R.S. Title 36, Chapter 21.1.

C. To maintain eligibility for an air ambulance service license, an air ambulance service shall meet the requirements of subsections (B)(1)-(2) and (4)-(7) and hold a current and valid certificate of registration, issued by the Department under Article 8 of this Chapter, for each air ambulance operated by the air ambulance service.

Historical Note
New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

R9-25-704. Initial Application and Licensing Process (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2213, 36-2214, and 36-2215)

A. To obtain an initial license, an applicant shall submit to the Department an application completed using a Department-provided form and including:
1. The applicant's name; mailing address; fax number, if any; and telephone number;
2. Each business name to be used for the air ambulance service;
3. The physical and mailing addresses to be used for the air ambulance service, if different from the applicant's mailing address;
4. The name, title, address, and telephone number of the applicant's statutory agent or the individual designated by the applicant to accept service of process and subpoenas for the air ambulance service;
5. If the applicant is a business organization:
a. The type of business organization;
b. The following information about the individual who is to serve as the primary contact for information regarding the application:
i. Name;
ii. Address;
iii. Telephone number; and
iv. Fax number, if any;
c. The name, title, and address of each officer and board member or trustee; and
d. A copy of the business organization's articles of incorporation, articles of organization, or partnership or joint venture documents, if applicable;
6. The name and Arizona license number for the physician who is to serve as the medical director for the air ambulance service;
7. The intended hours of operation for the air ambulance service;
8. The intended schedule of rates for the air ambulance service;
9. The scope of the mission types to be provided, including whether each of the following is to be provided:
a. Emergency medical services transports;
b. Interfacility transports;
c. Interfacility maternal transports;
d. Interfacility neonatal transports; and
e. Convalescent transports;
10. A copy of a current and valid OST Form 4507 showing the effective date of registration and exemption under 14 CFR 298;
11. A copy of the following issued by the Federal Aviation Administration:
a. A current and valid Air Carrier Certificate authorizing common carriage under 14 CFR 135;
b. If intending to operate a rotor-wing air ambulance, current and valid Operations Specifications authorizing aeromedical helicopter operations;
c. If intending to operate a fixed-wing air ambulance, current and valid Operations Specifications authorizing airplane air ambulance operations;
d. A current and valid Certificate of Registration for each air ambulance to be operated; and
e. A current and valid Airworthiness Certificate for each air ambulance to be operated;
12. For each air ambulance to be operated for the air ambulance service:
a. An application for registration that includes all of the information and items required under R9-25-802(C); and
b. A copy of a current and valid registration, issued by the Arizona Department of Transportation under A.R.S. Title 28, Chapter 25, Article 4;
13. A certificate of insurance establishing that the applicant has current and valid liability insurance coverage for the air ambulance service as required under R9-25-703(B)(5);
14. A certificate of insurance establishing that the applicant has current and valid malpractice insurance coverage for the air ambulance service as required under R9-25-703(B)(6);
15. If the applicant holds current CAMTS accreditation for the air ambulance service, a copy of the current CAMTS accreditation report;
16. Attestation that the applicant knows all applicable requirements in this Article, Articles 2 and 8 of this Chapter, and A.R.S. Title 36, Chapter 21.1;
17. Attestation that the information provided in the application, including the information in the documents accompanying the application form, is accurate and complete; and
18. The dated signature of:
a. If the applicant is an individual, the individual;
b. If the applicant is a corporation, an officer of the corporation;
c. If the applicant is a partnership, one of the partners;
d. If the applicant is a limited liability company, a manager or, if the limited liability company does not have a manager, a member of the limited liability company;
e. If the applicant is an association or cooperative, a member of the governing board of the association or cooperative;
f. If the applicant is a joint venture, one of the individuals signing the joint venture agreement;
g. If the applicant is a governmental agency, the individual in the senior leadership position with the agency or an individual designated in writing by that individual; and

h. If the applicant is a business organization type other than those described in subsections (A)(18)(b) through (f), an individual who is a member of the business organization.

B. Unless an applicant establishes that it holds current CAMTS accreditation as provided in subsection (C) or is applying for an initial license because of a change in ownership as described in R9-25-706(D), the Department shall conduct an inspection, as required under A.R.S. § 36-2214(B) and R9-25-708, during the substantive review period for the application for an initial license.

C. To establish current CAMTS accreditation, an applicant shall submit to the Department a copy of its current CAMTS accreditation report, as provided in subsection (A)(15).

D. The Department shall review and approve or deny each application as described in Article 12 of this Chapter.

E. The Department may deny an application if an applicant:
1. Fails to meet the eligibility requirements of R9-25-703(B);
2. Fails or has failed to comply with any provision in A.R.S. Title 36, Chapter 21.1;
3. Fails or has failed to comply with any provision in this Article or Article 2 or 8 of this Chapter;
4. Knowingly or negligently provides false documentation or false or misleading information to the Department; or
5. Fails to submit to the Department documents or information requested under R9-25-1201(B)(1) or (C)(3), as required under R9-25-1201(D), and requests a denial as permitted under R9-25-1201(E).

Historical Note
New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

R9-25-705. Renewal Application and Licensing Process (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2213, 36-2214, and 36-2215)

A. Before the expiration date of its current license, an air ambulance service shall submit to the Department a renewal application completed using a Department-provided form and including:
1. The information and items listed in R9-25-704(A)(1)-(11), (12)(b), and (13)-(18); and
2. For each air ambulance operated or to be operated by the air ambulance service:
   a. A copy of a current and valid certificate of registration issued by the Department under Article 8 of this Chapter; or
   b. An application for registration that includes all of the information and items required under R9-25-802(C).

B. Unless an air ambulance service establishes that it holds current CAMTS accreditation as provided in subsection (C), the Department shall conduct an inspection, as required under A.R.S. § 36-2214(B) and R9-25-708, during the substantive review period for the renewal application.

C. To establish current CAMTS accreditation, an air ambulance service shall submit to the Department, as part of the application submitted under subsection (A), a copy of the air ambulance service's current CAMTS accreditation report.

D. The Department shall review and approve or deny each application as described in Article 12 of this Chapter.

E. The Department may deny an application if an applicant:
1. Fails to meet the eligibility requirements of R9-25-703(C);
2. Fails or has failed to comply with any provision in A.R.S. Title 36, Chapter 21.1;
3. Fails or has failed to comply with any provision in this Article or Article 2 or 8 of this Chapter;
4. Knowingly or negligently provides false documentation or false or misleading information to the Department; or
5. Fails to submit to the Department documents or information requested under R9-25-1201(B)(1) or (C)(3), as required under R9-25-1201(D), and requests a denial as permitted under R9-25-1201(E).

Historical Note
New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

R9-25-706. Term and Transferability of License (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), 36-2213, 36-2214, and 41-1092.11)

A. The Department shall issue an initial license:
1. When based on current CAMTS accreditation, with a term beginning on the date of issuance and ending on the expiration date of the CAMTS accreditation upon which licensure is based; and
2. When based on Department inspection, with a term beginning on the date of issuance and ending three years later.

B. The Department shall issue a renewal license with a term beginning on the day after the expiration date shown on the previous license and ending:
1. When based on current CAMTS accreditation, on the expiration date of the CAMTS accreditation upon which licensure is based; and
2. When based on Department inspection, three years after the effective date.

C. If an applicant submits an application for renewal as described in R9-25-705 before the expiration date of the current license, the current license does not expire until the Department has made a final determination on the application for renewal, as provided in A.R.S. § 41-1092.11.

D. A person wanting to transfer an air ambulance service license shall submit to the Department before the anticipated change of ownership:
1. A letter that contains:
   a. A request that the air ambulance service license be transferred,
   b. The name and license number of the currently licensed air ambulance service, and
   c. The name of the person to whom the air ambulance service license is to be transferred; and
2. An application that complies with R9-25-704(A) completed by the person to whom the license is to be transferred.

E. A new owner shall not operate an air ambulance in this state until the Department has transferred an air ambulance service license to the new owner.

Historical Note
New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

R9-25-707. Changes Affecting a License (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2213)

A. At least 30 days before the date of a change in an air ambulance service's name, the air ambulance service shall send the Department written notice of the name change.

B. At least 90 days before an air ambulance service ceases to operate, the air ambulance service shall send the Department written notice of the intention to cease operating, effective on a specific date, and the desire to relinquish its license as of that date.

C. Within 30 days after the date of receipt of a notice described in subsection (A) or (B), the Department shall:
1. For a notice described in subsection (A), issue an amended license that incorporates the name change but retains the expiration date of the current license; and
2. For a notice described in subsection (B), send the air ambulance service written confirmation of the voluntary relinquishment of its license, with an effective date consistent with the written notice.

D. An air ambulance service shall notify the Department in writing within one working day after:
1. A change in its eligibility for licensure under R9-25-703(B) or (C);
2. A change in the business organization information most recently submitted to the Department under R9-25-704(A)(5) or R9-25-705(A);
3. A change in its CAMTS accreditation status, including a copy of its new CAMTS accreditation report, if applicable;
4. A change in its hours of operation or schedule of rates; or
5. A change in the scope of the mission types provided.

E. Before the date of an anticipated change of ownership, a person wanting to transfer an air ambulance service license shall submit to the Department the documents required under R9-25-706(D).

Historical Note
New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

R9-25-708. Inspections and Investigations (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), 36-2213, and 36-2214)

A. Except as provided in subsections (D) and (F), the Department shall inspect an air ambulance service before issuing an initial or renewal license, as required under A.R.S. § 36-2214(B), and as often as necessary to determine compliance with this Article, Articles 2 and 8 of this Chapter, and A.R.S. Title 36, Chapter 21.1.

B. A Department inspection may include the premises and each air ambulance operated or to be operated for the air ambulance service.

C. If the Department receives written or verbal information alleging a violation of this Article, Article 2 or 8 of this Chapter, or A.R.S. Title 36, Chapter 21.1, the Department shall conduct an investigation.
1. The Department may conduct an inspection as part of an investigation.
2. An air ambulance service shall allow the Department to inspect the premises and each air ambulance and to interview personnel as part of an investigation.

D. As required under A.R.S. § 36-2213(8), the Department shall accept proof of current CAMTS accreditation in lieu of the licensing inspections otherwise required before initial and renewal licensure under subsection (A) and A.R.S. § 36-2214(B).

E. To establish current CAMTS accreditation, an applicant or air ambulance service shall submit to the Department a copy of its current CAMTS accreditation report as required under R9-25-704(C), R9-25-705(C), or R9-25-707(D).

F. When an application for an air ambulance service license is submitted along with a transfer request due to a change of ownership, the Department shall determine whether an inspection is necessary based upon the potential impact to public health, safety, and welfare.

G. The Department shall conduct each inspection in compliance with A.R.S. § 41-1009.

Historical Note
New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

R9-25-709. Enforcement Actions (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), 36-2213, 36-2214, 36-2215, 41-1092.03, and 41-1092.11(B))

A. The Department may take an action listed in subsection (B) against an air ambulance service that:
1. Fails to meet the eligibility requirements of R9-25-703(B) or (C);
2. Fails or has failed to comply with any provision in A.R.S. Title 36, Chapter 21.1;
3. Fails or has failed to comply with any provision in this Article or Article 2 or 8 of this Chapter; or
4. Knowingly or negligently provides false documentation or false or misleading information to the Department.

B. The Department may take the following actions against an air ambulance service:
1. Except as provided in subsection (B)(3), after notice and an opportunity to be heard is provided under A.R.S. Title 41, Chapter 6, Article 10, suspend the air ambulance service license;
2. After notice and an opportunity to be heard is provided under A.R.S. Title 41, Chapter 6, Article 10, revoke the air ambulance service license; and
3. If the Department determines that the public health, safety, or welfare imperatively requires emergency action and incorporates a finding to that effect in its order, summarily suspend the air ambulance service license pending proceedings for revocation or other action, as permitted under A.R.S. § 41-1092.11(B).

C. In determining whether to take action under subsection (B), the Department shall consider:
1. The severity of each violation relative to public health and safety;
2. The number of violations relative to the transport volume of the air ambulance service;
3. The nature and circumstances of each violation;
4. Whether each violation was corrected and, if so, the manner of correction; and
5. The duration of each violation.

Historical Note
New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

R9-25-710. Minimum Standards for Operations (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)

A. An air ambulance service shall ensure that:
1. The air ambulance service maintains eligibility for licensure as required under R9-25-703(C);
2. The air ambulance service publicizes its hours of operation;
3. The air ambulance service makes its schedule of rates available to any individual upon request and, if requested, in writing;
4. The air ambulance service provides an accurate estimated time of arrival to the person requesting transport at the time that transport is requested and provides an amended estimated time of arrival to the person requesting transport if the estimated time of arrival changes;
5. The air ambulance service transports only patients for whom it has the resources to provide appropriate medical care, unless subsection (B) or (D) applies;
6. The air ambulance service does not perform interfacility transport of a patient unless:
   a. The transport is requested by:

i. A physician; or
ii. A qualified medical person, as determined by the sending health care institution's bylaws or policies, after consultation with and approval by a physician; and

b. The destination health care institution confirms that a bed is available for the patient;

7. The air ambulance service creates a prehospital incident history report, as defined in A.R.S. § 36-2220, for each patient;
8. The air ambulance service creates a record for each mission that includes:
   a. Mission date;
   b. Mission level—basic life support, advanced life support, or critical care;
   c. Mission type—emergency medical services transport, interfacility transport, interfacility maternal transport, interfacility neonatal transport, or convalescent transport;
   d. Aircraft type—fixed-wing aircraft or rotor-wing aircraft;
   e. Name of the person requesting the transport;
   f. Time of receipt of the transport request;
   g. Departure time to the patient's location;
   h. Address of the patient's location;
   i. Arrival time at the patient's location;
   j. Departure time to the destination health care institution;
   k. Name and address of the destination health care institution;
   l. Arrival time at the destination health care institution;
   m. Patient reference number or call number; and
   n. Aircraft tail number for the air ambulance used on the mission; and
9. The air ambulance service submits to the Department by the 15th day of each month, either in an electronic format approved by the Department or in hard copy, a run log of the previous month's missions that includes the information required under subsections (A)(8)(a)-(d), (f), (g), (i), (j), (l), and (m) in a cumulative tabular format.

B. In a rescue situation, when no other practical means of transport, including another air ambulance service, is available, an air ambulance service may deviate from subsection (A)(5) to the extent necessary to meet the rescue situation.

C. An air ambulance service that completes a mission under subsection (B) shall create a record within five working days after the mission, including the information required under subsection (A)(8), the manner in which the air ambulance service deviated from subsection (A)(5), and the justification for operating under subsection (B).

D. An air ambulance service may provide interfacility transport of a patient for whom it does not have the resources to provide appropriate medical care if the sending health care institution provides medically appropriate life support measures, staff, and equipment to sustain the patient during the interfacility transport.

E. An air ambulance service shall ensure that each staff member provided by a sending health care institution under subsection (D) has completed training in the subject areas listed in R9-25-713(A) before serving on a mission.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

R9-25-711. Minimum Standards for Mission Staffing (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)

A. An air ambulance service shall ensure that, except as provided in subsection (B):
1. Each critical care mission is staffed by a medical team of at least two individuals with at least the following qualifications:
   a. A physician or registered nurse, and
   b. An EMT-P or licensed respiratory care practitioner;
2. Each advanced life support mission is staffed by a medical team of at least two individuals with at least the following qualifications:
   a. An EMT-P, and
   b. Another EMT-P or a licensed respiratory care practitioner; and
3. Each basic life support mission is staffed by a medical team of at least two individuals, each of whom has at least the qualifications of an EMT-B.

B. If the pilot on a mission using a rotor-wing air ambulance determines, in accordance with the air ambulance service's written guidelines required under subsection (C), that the weight of a second medical team member could potentially compromise the performance of the rotor-wing air ambulance and the safety of the mission, and the use of a single-member medical team is consistent with the on-line medical direction or on-line medical guidance received as required under subsection (C), an air ambulance service may use a single-member medical team consisting of an individual with at least the following qualification:
1. For a critical care mission, a physician or registered nurse;
2. For an advanced life support mission, an EMT-P; and
3. For a basic life support mission, an EMT-B.

C. An air ambulance service shall ensure that:
1. Each air ambulance service rotor-wing pilot is provided written guidelines to use in determining when the weight of a second medical team member could potentially compromise the performance of a rotor-wing air ambulance and the safety of a mission, including the conditions of density altitude and weight that warrant the use of a single-member medical team;
2. The following are done, without delay, after an air ambulance service rotor-wing pilot determines that the weight of a second medical team member could potentially compromise the performance of a rotor-wing air ambulance and the safety of a mission:
   a. The pilot communicates that information to the medical team;
   b. The medical team obtains on-line medical direction or on-line medical guidance regarding the use of a single-member medical team; and
   c. The medical team proceeds in compliance with the on-line medical direction or on-line medical guidance;
3. A single-member medical team has the knowledge and medical equipment to perform one-person cardiopulmonary resuscitation;
4. The air ambulance service has a quality management process to review regularly the patient care provided by each single-member medical team, including consideration of each patient's status upon arrival at the destination health care institution; and
5. A single-member medical team is used only when no other transport team is available that would be more appropriate for delivering the level of care that a patient requires.

D. An air ambulance service that uses a single-member medical team as authorized under subsection (B) shall create a record within five working days after the mission, including the information required under R9-25-710(A)(8), the name and qualifications of the individual comprising the single-member medical team, and the justification for using a single-member medical team.

E. An air ambulance service shall create and maintain for each personnel member a file containing documentation of the personnel member's qualifications, including, as applicable, licenses, certifications, and training records.

Historical Note
New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

R9-25-712. Minimum Standards for Air Ambulance Safety, Equipment, and Supplies (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)

An air ambulance service shall ensure that:

1. Each air ambulance in use meets the standards in R9-25-807;
2. The equipment and supplies on an air ambulance are secured, stored, and maintained in a manner that prevents hazards to personnel and patients; and
3. After each mission, an air ambulance's equipment and supplies are checked and replenished as necessary to be in compliance with R9-25-807.

Historical Note
New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

R9-25-713. Minimum Standards for Training (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2213)

A. An air ambulance service shall ensure that each medical team member completes training in the following subjects before serving on a mission:

1. Aviation terminology;
2. Physiological aspects of flight;
3. Patient loading and unloading;
4. Safety in and around the aircraft;
5. In-flight communications;
6. Use, removal, replacement, and storage of the medical equipment installed on the aircraft;
7. In-flight emergency procedures;
8. Emergency landing procedures; and
9. Emergency evacuation procedures.

B. An air ambulance service shall document each medical team member's completion of the training required under subsection (A), including the name of the medical team member, each training component completed, and the date of completion.

Historical Note
New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

R9-25-714. Minimum Standards for Communications (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)

An air ambulance service shall ensure that, while on a mission, two-way voice communication is available:

1. Between and among personnel on the air ambulance, including the pilot; and
2. Between personnel on the air ambulance and the following persons on the ground:
   a. Personnel;
   b. Physicians providing on-line medical direction or on-line medical guidance to medical team members; and
   c. For a rotor-wing air ambulance mission:
      i. Emergency medical services providers, and
      ii. Law enforcement agencies.

Historical Note
New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

R9-25-715. Minimum Standards for Medical Control (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)

A. An air ambulance service shall ensure that:

1. The air ambulance service has a medical director who:
   a. Meets the qualifications in subsection (B);
   b. Supervises and evaluates the quality of medical care provided by medical team members;
   c. Ensures the competency and current qualifications of all medical team members;
   d. Ensures that each EMT medical team member receives medical direction as required under Article 2 of this Chapter;
   e. Ensures that each non-EMT medical team member receives medical guidance through:
      i. Written treatment protocols; and
      ii. On-line medical guidance provided by:
         (1) The medical director;
         (2) Another physician designated by the medical director; or
         (3) If the medical guidance needed exceeds the medical director's area of expertise, a consulting specialty physician; and
   f. Approves, ensures implementation of, and annually reviews treatment protocols to be followed by medical team members;
2. The air ambulance service has a quality management program through which:
   a. Data related to patient care and transport services provided and patient status upon arrival at destination are:
      i. Collected continuously, and
      ii. Examined regularly, on at least a quarterly basis; and
   b. Appropriate corrective action is taken when concerns are identified; and
3. The air ambulance service documents each concern identified through the quality management program and the corrective action taken to resolve each concern and provides this information, along with the supporting data, to the Department upon request.

B. A medical director shall:

1. Be a physician, as defined in A.R.S. § 36-2201; and
2. Comply with one of the following:
   a. If the air ambulance service provides emergency medical services transports, meet the qualifications of R9-25-204(A)(2); or
   b. If the air ambulance service does not provide emergency medical services transports, meet the qualifications of R9-25-204(A)(2) or one of the following:
      i. If the air ambulance service provides only interfacility maternal missions, have board certification or have completed an accredited residency program in one of the following specialty areas:

(1) Obstetrics and gynecology, with subspecialization in critical care medicine or maternal and fetal medicine; or
(2) Pediatrics, with subspecialization in neonatal-perinatal medicine;

ii. If the air ambulance service provides only interfacility neonatal missions, have board certification or have completed an accredited residency program in one of the following specialty areas:
(1) Obstetrics and gynecology, with subspecialization in maternal and fetal medicine; or
(2) Pediatrics, with subspecialization in neonatal-perinatal medicine, neonatology, pediatric critical care medicine, or pediatric intensive care; or

iii. If neither subsection (B)(2)(b)(i) or (ii) applies, have board certification or have completed an accredited residency program in one of the following specialty areas:
(1) Anesthesiology, with subspecialization in critical care medicine;
(2) Internal medicine, with subspecialization in critical care medicine;
(3) If the air ambulance service transports only pediatric patients, pediatrics, with subspecialization in pediatric critical care medicine or pediatric emergency medicine; or
(4) If the air ambulance service transports only surgical patients, surgery, with subspecialization in surgical critical care.

Historical Note
New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

R9-25-716. Minimum Standards for Recordkeeping (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2213)
An air ambulance service shall retain each document required to be created or maintained under this Article or Article 2 or 8 of this Chapter for at least three years after the last event recorded in the document and shall produce each document for Department review upon request.

Historical Note
New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

R9-25-717. Minimum Standards for an Interfacility Neonatal Mission (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)
An air ambulance service shall ensure that:

1. Each interfacility neonatal mission is staffed by a medical team that complies with the requirements for a critical care mission medical team in R9-25-711(A)(1) and that has the following additional qualifications:
   a. Proficiency in pediatric emergency care, as defined in R9-25-101; and
   b. Proficiency in neonatal resuscitation and stabilization of the neonatal patient;
2. Each interfacility neonatal mission is conducted using an air ambulance that has the equipment and supplies required for a critical care mission in Table 1 of Article 8 of this Chapter and the following:
   a. A transport incubator with:
      i. Battery and inverter capabilities,
      ii. An infant safety restraint system, and
      iii. An integrated neonatal-capable pressure ventilator with oxygen-air supply and blender;
   b. An invasive automatic blood pressure monitor;
   c. A neonatal monitor or monitors with heart rate, respiratory rate, temperature, non-invasive blood pressure, and pulse oximetry capabilities;
   d. Neonatal-specific drug concentrations and doses;
   e. Umbilical catheter insertion equipment and supplies;
   f. Thoracostomy supplies;
   g. Neonatal resuscitation equipment and supplies;
   h. A neonatal size cuff (size 2, 3, or 4) for use with an automatic blood pressure monitor; and
   i. A neonatal probe for use with a pulse oximeter;
3. On-line medical direction or on-line medical guidance provided to an interfacility neonatal mission medical team member is provided by a physician who meets the qualifications of R9-25-715(B)(2)(b)(ii); and
4. An individual does not serve on an interfacility neonatal mission medical team unless the air ambulance service's medical director has verified and attested in writing to the individual's having the proficiencies described in subsections (1)(a) and (b).

Historical Note
New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

R9-25-718. Minimum Standards for an Interfacility Maternal Mission (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)

A. This Section applies to an air ambulance service that holds itself out as providing interfacility maternal missions.

B. An air ambulance service shall ensure that:

1. Each interfacility maternal mission is staffed by a medical team that complies with the requirements for a critical care mission medical team in R9-25-711(A)(1) and that has the following additional qualifications:
   a. Proficiency in advanced emergency cardiac life support, as defined in R9-25-101;
   b. Proficiency in neonatal resuscitation; and
   c. Proficiency in stabilization and transport of the maternal patient;
2. Each interfacility maternal mission is conducted using an air ambulance that has the equipment and supplies required for a critical care mission in Table 1 of Article 8 of this Chapter and the following:
   a. A Doppler fetal heart monitor;
   b. Unless use is not indicated for the patient as determined through on-line medical direction or on-line medical guidance provided as described in subsection (B)(3), an external fetal heart and tocographic monitor with printer capability;
   c. Tocolytic and anti-hypertensive medications;
   d. Advanced emergency cardiac life support equipment and supplies; and
   e. Neonatal resuscitation equipment and supplies;
3. On-line medical direction or on-line medical guidance provided to an interfacility maternal mission medical team member is provided by a physician who meets the qualifications of R9-25-715(B)(2)(b)(i); and
4. An individual does not serve on an interfacility maternal mission medical team unless the air ambulance service's medical director has verified and attested in writing to the individual's having the proficiencies described in subsections (B)(1)(a), (b), and (c).

Historical Note
New Section made by final rulemaking at 12 A.A.R. 656,

effective April 8, 2006 (Supp. 06-1).

ARTICLE 8. AIR AMBULANCE REGISTRATION

Article 8, consisting of R9-25-801 through R9-25-808, recodified to Article 5 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3).

Editor's Note: Article 8, consisting of Sections R9-25-801 through R9-25-803 and Exhibits, was recodified from A.A.C. R9-13-1501 through R9-13-1503. These recodified Sections were originally filed under an exemption from A.R.S. Title 41, Chapter 6. Refer to the historical notes in 9 A.A.C. 13 for adoption dates (Supp. 98-1).

Article 8, consisting of Section R9-25-805 and Exhibits 1 through 3, was adopted under an exemption from the provisions of A.R.S. Title 41, Chapter 6, pursuant to A.R.S. § 36-2205(C). Exemption from A.R.S. Title 41, Chapter 6 means that the Department did not submit these rules to the Secretary of State's Office for publication in the Arizona Administrative Register; the Department did not submit the rules to the Governor's Regulatory Review Council for review; and the Department was not required to hold public hearings on this Section. Under A.R.S. § 36-2205(D) a person may petition the Director to amend an adopted protocol pursuant to A.R.S. § 41-1033 (Supp. 97-2).

R9-25-801. Definitions (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2212)

In addition to the definitions in R9-25-701, the following definitions apply in this Article, unless otherwise specified:

1. "Certificate holder" means a person who holds a current and valid certificate of registration for an air ambulance.
2. "Drug" has the same meaning as in A.R.S. § 32-1901.

Historical Note

R9-25-801 recodified from A.A.C. R9-13-1501 (Supp. 98-1). Amended by exempt rulemaking at 7 A.A.R. 4895, effective October 5, 2001 (Supp. 01-4). Amended by exempt rulemaking at 10 A.A.R. 239, effective January 3, 2004 (Supp. 03-4). Section recodified to R9-25-501 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3). New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

R9-25-802. Requirement, Eligibility, and Application for an Initial or Renewal Certificate of Registration for an Air Ambulance (A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), 36-2212, 36-2213, 36-2214, and 36-2240(4))

A. A person shall not operate an air ambulance in this state unless the person has a current and valid air ambulance service license as required under Article 7 of this Chapter and, except as provided in A.R.S. § 36-2212(C), a current and valid certificate of registration for the air ambulance as required under this Article.

B. To be eligible to obtain a certificate of registration for an air ambulance, an applicant shall:

1. Hold a current and valid air ambulance service license issued under Article 7 of this Chapter;
2. Hold the following issued by the Federal Aviation Administration for the air ambulance:
   a. A current and valid Certificate of Registration, and
   b. A current and valid Airworthiness Certificate;
3. Hold a current and valid registration for the air ambulance, issued by the Arizona Department of Transportation under A.R.S. Title 28, Chapter 25, Article 4; and
4. Comply with all applicable requirements of this Article, Articles 2 and 7 of this Chapter, and A.R.S. Title 36, Chapter 21.1.

C. To obtain an initial or renewal certificate of registration for an air ambulance, an applicant shall submit to the Department an application completed using a Department-provided form and including:

1. The applicant's name, mailing address, fax number, and telephone number;
2. All other business names used by the applicant;
3. The applicant's physical business address, if different from the mailing address;
4. The following information about the air ambulance for which registration is sought:
   a. Each mission level for which the air ambulance will be used:
      i. Basic life support,
      ii. Advanced life support, or
      iii. Critical care;
   b. Whether a fixed-wing or rotor-wing aircraft;
   c. Number of engines;
   d. Manufacturer name;
   e. Model name;
   f. Year manufactured;
   g. Serial number;
   h. Aircraft tail number;
   i. Aircraft colors, including fuselage, stripe, and lettering; and
   j. A description of any insignia, monogram, or other distinguishing characteristics of the aircraft's appearance;
5. A copy of the following issued to the applicant, for the air ambulance, by the Federal Aviation Administration:
   a. A current and valid Certificate of Registration, and
   b. A current and valid Airworthiness Certificate;
6. A copy of a current and valid registration issued to the applicant, for the air ambulance, by the Arizona Department of Transportation under A.R.S. Title 28, Chapter 25, Article 4;
7. The location in Arizona at which the air ambulance will be available for inspection;
8. The name and telephone number of the individual to contact to arrange for inspection, if the inspection is preannounced;
9. Attestation that the applicant knows all applicable requirements in A.R.S. Title 36, Chapter 21.1; this Article; and Articles 2 and 7 of this Chapter;
10. Attestation that the information provided in the application, including the information in the documents accompanying the application form, is accurate and complete;
11. The dated signature of:
    a. If the applicant is an individual, the individual;
    b. If the applicant is a corporation, an officer of the corporation;
    c. If the applicant is a partnership, one of the partners;
    d. If the applicant is a limited liability company, a manager or, if the limited liability company does not have a manager, a member of the limited liability company;
    e. If the applicant is an association or cooperative, a member of the governing board of the association or cooperative;
    f. If the applicant is a joint venture, one of the individuals signing the joint venture agreement;
    g. If the applicant is a governmental agency, the individual in the senior leadership position with the agency or an individual designated in writing by that individual; and

h. If the applicant is a business organization type other than those described in subsections (C)(11)(b) through (f), an individual who is a member of the business organization; and

12. Unless the applicant operates or intends to operate the air ambulance only as a volunteer not-for-profit service, a certified check, business check, or money order made payable to the Arizona Department of Health Services for the following fees:
    a. A $50 registration fee, as required under A.R.S. § 36-2212(D); and
    b. A $200 annual regulatory fee, as required under A.R.S. § 36-2240(4).

D. The Department requires submission of a separate application and fees for each air ambulance.

E. Except as provided under R9-25-805(C), the Department shall inspect each air ambulance to determine compliance with the provisions of A.R.S. Title 36, Chapter 21.1 and this Article before issuing an initial certificate of registration and at least every 12 months thereafter before issuing a renewal certificate of registration.

F. The Department shall review and approve or deny each application as described in Article 12 of this Chapter.

G. The Department may deny a certificate of registration for an air ambulance if the applicant:
1. Fails to meet the eligibility requirements of R9-25-802(B);
2. Fails or has failed to comply with any provision in A.R.S. Title 36, Chapter 21.1;
3. Fails or has failed to comply with any provision in this Article or Article 2 or 7 of this Chapter;
4. Knowingly or negligently provides false documentation or false or misleading information to the Department; or
5. Fails to submit to the Department documents or information requested under R9-25-1201(B)(1) or (C)(3), as required under R9-25-1201(D), and requests a denial as permitted under R9-25-1201(E).

Historical Note

R9-25-802 recodified from A.A.C. R9-13-1502 (Supp. 98-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4092, effective September 1, 2001 (Supp. 01-3). Amended by exempt rulemaking at 8 A.A.R. 931, effective February 15, 2002 (Supp. 02-1). Amended by exempt rulemaking at 10 A.A.R. 239, effective January 3, 2004 (Supp. 03-4). Section recodified to R9-25-502 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3). New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

Exhibit 1. Repealed

Historical Note

Section R9-25-802, Exhibit 1 recodified from A.A.C. R9-13-1502, Exhibit 1 (Supp. 98-1). Exhibit 1 repealed by exempt rulemaking at 7 A.A.R. 4895, effective October 5, 2001 (Supp. 01-4).

Exhibit 2. Repealed

Historical Note

Section R9-25-802, Exhibit 2 recodified from A.A.C. R9-13-1502, Exhibit 2 (Supp. 98-1). Exhibit 2 repealed by exempt rulemaking at 7 A.A.R. 4895, effective October 5, 2001 (Supp. 01-4).

Exhibit 3. Repealed

Historical Note

Section R9-25-802, Exhibit 3 recodified from A.A.C. R9-13-1502, Exhibit 3 (Supp. 98-1). Exhibit 3 repealed by exempt rulemaking at 7 A.A.R. 4895, effective October 5, 2001 (Supp. 01-4).

Exhibit 4. Repealed

Historical Note

Section R9-25-802, Exhibit 4 recodified from A.A.C. R9-13-1502, Exhibit 4 (Supp. 98-1). Exhibit 4 repealed by exempt rulemaking at 7 A.A.R. 4895, effective October 5, 2001 (Supp. 01-4).

R9-25-803. Term and Transferability of Certificate of Registration (A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), 36-2212, and 41-1092.11)

A. The Department shall issue an initial certificate of registration:
1. With a term of one year from date of issuance; or
2. If requested by the applicant, with a term shorter than one year that allows for the Department to conduct annual inspections of all of the applicant's air ambulances at one time.

B. The Department shall issue a renewal certificate of registration with a term of one year.

C. If an applicant submits an application for renewal as described in R9-25-802 before the expiration date of the current certificate of registration, the current certificate of registration does not expire until the Department has made a final determination on the application for renewal, as provided in A.R.S. § 41-1092.11.

D. A certificate of registration is not transferable from one person to another.

E. If there is a change in the ownership of an air ambulance, the new owner shall apply for and obtain a new certificate of registration before operating the air ambulance in this state.

Historical Note

Section R9-25-803 recodified from A.A.C. R9-13-1503, (Supp. 98-1). Section repealed; new Section adopted effective November 30, 1998; filed in the Office of the Secretary of State November 24, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C) (Supp. 98-4). Amended by exempt rulemaking at 7 A.A.R. 4888, effective November 1, 2001 (Supp. 01-4). Amended by exempt rulemaking at 8 A.A.R. 2625, effective June 1, 2002 (Supp. 02-2). Section recodified to R9-25-503 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3). New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

Exhibit 1. Recodified

Historical Note

Section R9-25-803, Exhibit 1 "EMT-P Drug List" and "EMT-I Drug List" recodified from A.A.C. R9-13-1503, Exhibit 1 "EMT-P Drug List" and "EMT-I Drug List" (Supp. 98-1). Exhibit 1 repealed; new Exhibit 1 adopted effective November 30, 1998; filed in the Office of the Secretary of State November 24, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C) (Supp. 98-4). Amended under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C) at 6 A.A.R. 1507, effective May 1, 2000 (Supp. 00-1). Amended under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. §

36-2205(C) at 6 A.A.R. 3762, effective October 1, 2000 (Supp. 00-3). Amended by exempt rulemaking at 7 A.A.R. 1654, effective March 30, 2001 (Supp. 01-1). Amended by exempt rulemaking at 8 A.A.R. 2625, effective June 1, 2002 (Supp. 02-2). Amended by exempt rulemaking at 9 A.A.R. 1703, effective May 15, 2003 (Supp. 03-2). Exhibit 1 recodified to Article 5, Exhibit 1 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3).

Exhibit 2. Recodified

Historical Note

Exhibit 2 adopted effective November 30, 1998; filed in the Office of the Secretary of State November 24, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C) (Supp. 98-4). Amended under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C) at 6 A.A.R. 1507, effective May 1, 2000 (Supp. 00-1). Amended under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C) at 6 A.A.R. 3762, effective October 1, 2000 (Supp. 00-3). Amended by exempt rulemaking at 7 A.A.R. 1199, effective February 13, 2001 (Supp. 01-1). Amended by exempt rulemaking at 8 A.A.R. 2625, effective June 1, 2002 (Supp. 02-2). Exhibit 2 recodified to Article 5, Exhibit 2 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3).

R9-25-804. Changes Affecting Registration (A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), and 36-2212)

A. At least 30 days before the date of a change in a certificate holder's name, the certificate holder shall send the Department written notice of the name change.

B. No later than 10 days after a certificate holder ceases to operate an air ambulance, the certificate holder shall send the Department written notice of the date that the certificate holder ceased to operate the air ambulance and of the desire to relinquish the certificate of registration for the air ambulance as of that date.

C. Within 30 days after the date of receipt of a notice described in subsection (A) or (B), the Department shall:

1. For a notice described in subsection (A), issue an amended certificate of registration that incorporates the name change but retains the expiration date of the current certificate of registration; and
2. For a notice described in subsection (B), send the certificate holder written confirmation of the voluntary relinquishment of the certificate of registration, with an effective date that corresponds to the written notice.

D. A certificate holder shall notify the Department in writing within one working day after a change in its eligibility to obtain a certificate of registration for an air ambulance under R9-25-802(B).

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 4888, effective November 1, 2001 (Supp. 01-4). Amended by exempt rulemaking at 10 A.A.R. 239, effective January 3, 2004 (Supp. 03-4). Section recodified to R9-25-504 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3). New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

R9-25-805. Inspections (A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), 36-2212, and 36-2232(A)(11))

A. An applicant or certificate holder shall make an air ambulance available for inspection within Arizona at the request of the Department.

B. The Department shall conduct each inspection in compliance with A.R.S. § 41-1009.

C. As permitted under A.R.S. § 36-2232(A)(11), upon certificate holder request and at certificate holder expense, the annual inspection of an air ambulance required for renewal of a certificate of registration may be conducted by a Department-approved inspection facility.

Historical Note

Adopted under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C), effective May 19, 1997; filed in the Office of the Secretary of State May 21, 1997 (Supp. 97-2). Amended by exempt rulemaking at 10 A.A.R. 239, effective January 3, 2004 (Supp. 03-4). Section recodified to R9-25-505 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3). New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

Exhibit 1. Recodified

Historical Note

Adopted under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C), effective May 19, 1997; filed in the Office of the Secretary of State May 21, 1997 (Supp. 97-2). Amended by exempt rulemaking at 10 A.A.R. 239, effective January 3, 2004 (Supp. 03-4). Exhibit 1 recodified to Article 5, Exhibit 1 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3).

Exhibit 2. Recodified

Historical Note

Adopted under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C), effective May 19, 1997; filed in the Office of the Secretary of State May 21, 1997 (Supp. 97-2). Amended by exempt rulemaking at 10 A.A.R. 239, effective January 3, 2004 (Supp. 03-4). Exhibit 2 recodified to Article 5, Exhibit 2 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3).

Exhibit 3. Repealed

Historical Note

Adopted under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C), effective May 19, 1997; filed in the Office of the Secretary of State May 21, 1997 (Supp. 97-2). Exhibit repealed by exempt rulemaking at 10 A.A.R. 239, effective January 3, 2004 (Supp. 03-4).

R9-25-806. Enforcement Actions (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), 36-2212, 36-2234(L), 41-1092.03, and 41-1092.11(B))

A. The Department may take an action listed in subsection (B) against a certificate holder's certificate of registration if the certificate holder:

1. Fails or has failed to meet the eligibility requirements of R9-25-802(B);
2. Fails or has failed to comply with any provision in A.R.S. Title 36, Chapter 21.1;
3. Fails or has failed to comply with any provision in this Article or Article 2 or 7 of this Chapter; or

4. Knowingly or negligently provides false documentation or false or misleading information to the Department.

B. The Department may take the following actions against a certificate holder's certificate of registration:
1. After notice and an opportunity to be heard is provided under A.R.S. Title 41, Chapter 6, Article 10, revoke the certificate of registration; and
2. In case of emergency, if the Department determines that a potential threat to the public health and safety exists and incorporates a finding to that effect in its order, immediately suspend the certificate of registration as authorized under A.R.S. § 36-2234(L).

C. In determining whether to take action under subsection (B), the Department shall consider:
1. The severity of each violation relative to public health and safety;
2. The number of violations relative to the transport volume of the air ambulance service;
3. The nature and circumstances of each violation;
4. Whether each violation was corrected and, if so, the manner of correction; and
5. The duration of each violation.

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 4895, effective October 5, 2001 (Supp. 01-4). Amended by exempt rulemaking at 10 A.A.R. 239, effective January 3, 2004 (Supp. 03-4). Section recodified to R9-25-506 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3). New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

R9-25-807. Minimum Standards for an Air Ambulance (A.R.S. §§ 36-2202(A)(3), (4), and (5); 36-2209(A)(2); and 36-2212)

A. An applicant or certificate holder shall ensure that an air ambulance has:
1. A climate control system to prevent temperature extremes that would adversely affect patient care;
2. If a fixed-wing air ambulance, pressurization capability;
3. Interior lighting that allows for patient care and monitoring without interfering with the pilot's vision;
4. For each place where a patient may be positioned, at least one electrical power outlet or other power source that is capable of operating all electrically powered medical equipment without compromising the operation of any electrical aircraft equipment;
5. A back-up source of electrical power or batteries capable of operating all electrically powered life-support equipment for at least one hour;
6. An entry that allows for patient loading and unloading without rotating a patient and stretcher more than 30 degrees about the longitudinal axis or 45 degrees about the lateral axis and without compromising the operation of monitoring systems, intravenous lines, or manual or mechanical ventilation;
7. A configuration that allows each medical team member sufficient access to each patient to begin and maintain treatment modalities, including complete access to the patient's head and upper body for effective airway management;
8. A configuration that allows for rapid exit of personnel and patients, without obstruction from stretchers and medical equipment;
9. A configuration that protects the aircraft's flight controls, throttles, and communications equipment from any intentional or accidental interference from a patient or equipment and supplies;
10. A padded interior or an interior that is clear of objects or projections in the head strike envelope;
11. An installed self-activating emergency locator transmitter;
12. A voice communications system that:
    a. Is capable of air-to-ground communication, and
    b. Allows the flight crew and medical team members to communicate with each other during flight;
13. Interior patient compartment wall and floor coverings that are:
    a. Free of cuts or tears,
    b. Capable of being disinfected, and
    c. Maintained in a sanitary manner; and
14. If a rotor-wing air ambulance, the following:
    a. A searchlight that:
        i. Has a range of motion of at least 90 degrees vertically and 180 degrees horizontally,
        ii. Is capable of illuminating a landing site, and
        iii. Is located so that the pilot can operate the searchlight without removing the pilot's hands from the aircraft's flight controls;
    b. Restraining devices that can be used to prevent a patient from interfering with the pilot or the aircraft's flight controls; and
    c. A light to illuminate the tail rotor.

B. An applicant or certificate holder shall ensure that:
1. Except as provided in subsection (C), each air ambulance has the equipment and supplies required in Table 1 for each mission level for which the air ambulance is used; and
2. The equipment and supplies on an air ambulance are secured, stored, and maintained in a manner that prevents hazards to personnel and patients.

C. A certificate holder may conduct an interfacility critical care mission using an air ambulance that does not have all of the equipment and supplies required in Table 1 for the mission level if:
1. Care of the patient to be transported necessitates use of life-support equipment that because of its size or weight or both makes it unsafe or impossible for the air ambulance to carry all of the equipment and supplies required in Table 1 for the mission level, as determined by the certificate holder based upon:
    a. The individual aircraft's capabilities,
    b. The size and weight of the equipment and supplies required in Table 1 and of the additional life-support equipment,
    c. The composition of the required medical team, and
    d. Environmental factors such as density altitude;
2. The certificate holder ensures that, during the mission, the air ambulance has the equipment and supplies necessary to provide an appropriate level of medical care for the patient and to protect the health and safety of the personnel on the mission;
3. The certificate holder ensures that, during the mission, the air ambulance is not directed by the air ambulance service or another person to conduct another mission before returning to a base location;
4. The certificate holder ensures that the air ambulance is not used for another mission until the air ambulance has all of the equipment and supplies required in Table 1 for the mission level; and
5. Within five working days after each interfacility critical care mission conducted as permitted under subsection

(C), the certificate holder creates a record that includes the information required under R9-25-710(A)(8), a description of the life-support equipment used on the mission, a list of the equipment and supplies required in Table 1 that were removed from the air ambulance for the mission, and the justification for conducting the mission as permitted under subsection (C).

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 2633, effective June 1, 2002 (Supp. 02-2). Amended by exempt rulemaking at 10 A.A.R. 239, effective January 3, 2004 (Supp. 03-4). Section recodified to R9-25-507 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3). New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

Table 1. Minimum Equipment and Supplies Required on Air Ambulances, By Mission Level and Aircraft Type (A.R.S. §§ 36-2202(A)(3), (4), and (5); 36-2209(A)(2); and 36-2212)

X = Required
ALS = Advanced Life Support Mission
BLS = Basic Life Support Mission
CC = Critical Care Mission
FW = Fixed-Wing Aircraft
RW = Rotor-Wing Aircraft

MINIMUM EQUIPMENT AND SUPPLIES	FW	RW	BLS	ALS	CC
A. Ventilation and Airway Equipment					
1. Portable and fixed suction apparatus, with wide-bore tubing, rigid pharyngeal curved suction tip, tonsillar and flexible suction catheters, 5F-14F	X	X	X	X	X
2. Portable and fixed oxygen equipment, with variable flow regulators	X	X	X	X	X
3. Oxygen administration equipment, including tubing; non-rebreathing masks (adult and pediatric sizes); and nasal cannulas (adult and pediatric sizes)	X	X	X	X	X
4. Bag-valve mask, with hand-operated, self-reexpanding bag (adult size), with oxygen reservoir/accumulator; mask (adult, pediatric, infant, and neonate sizes); and valve	X	X	X	X	X
5. Airways, oropharyngeal (adult, pediatric, and infant sizes)	X	X	X	X	X
6. Laryngoscope handle with extra batteries and bulbs, adult and pediatric	X	X	-	X	X
7. Laryngoscope blades, sizes 0, 1, and 2, straight; sizes 3 and 4, straight and curved	X	X	-	X	X
8. Endotracheal tubes, sizes 2.5-5.0 mm uncuffed and 6.0-8.0 mm cuffed	X	X	-	X	X
9. Meconium aspirator	X	X	-	X	X
10. 10 mL straight-tip syringes	X	X	-	X	X
11. Stylettes for Endotracheal tubes, adult and pediatric	X	X	-	X	X
12. Magill forceps, adult and pediatric	X	X	-	X	X
13. Nasogastric tubes, sizes 5F and 8F, Salem sump sizes 14F and 18F	X	X	-	X	X
14. End-tidal CO_2 detectors, colorimetric or quantitative	X	X	-	X	X
15. Portable automatic ventilator with positive end expiratory pressure	X	X	-	X	X
B. Monitoring and Defibrillation					
1. Automatic external defibrillator	X	X	X	-	-
2. Portable, battery-operated monitor/defibrillator, with tape write-out/recorder, defibrillator pads, adult and pediatric paddles or hands-free patches, ECG leads, adult and pediatric chest attachment electrodes, and capability to provide electrical discharge below 25 watt-seconds	X	X	-	X	X
3. Transcutaneous cardiac pacemaker, either stand-alone unit or integrated into monitor/defibrillator	X	X	-	X	X
C. Immobilization Devices					
1. Cervical collars, rigid, adjustable or in an assortment of adult and pediatric sizes	-	X	X	X	X

2.	Head immobilization device, either firm padding or another commercial device	-	X	X	X	X
3.	Lower extremity (femur) traction device, including lower extremity, limb support slings, padded ankle hitch, padded pelvic support, and traction strap	-	X	X	X	X
4.	Upper and lower extremity immobilization splints	-	X	X	X	X
D.	**Bandages**					
1.	Burn pack, including standard package, clean burn sheets	X	X	X	X	X
2.	Dressings, including sterile multi-trauma dressings (various large and small sizes); abdominal pads, 10" x 12" or larger; and 4" x 4" gauze sponges	X	X	X	X	X
3.	Gauze rolls, sterile (4" or larger)	X	X	X	X	X
4.	Elastic bandages, non-sterile (4" or larger)	X	X	X	X	X
5.	Occlusive dressing, sterile, 3" x 8" or larger	X	X	X	X	X
6.	Adhesive tape, including various sizes (1" or larger) hypoallergenic and various sizes (1" or larger) adhesive	X	X	X	X	X
E.	**Obstetrical**					
1.	Obstetrical kit (separate sterile kit), including towels, 4" x 4" dressing, umbilical tape, sterile scissors or other cutting utensil, bulb suction, clamps for cord, sterile gloves, at least 4 blankets, and a head cover	X	X	X	X	X
2.	An alternate portable patient heat source or 2 heat packs	X	X	X	X	X
F.	**Miscellaneous**					
1.	Sphygmomanometer (infant, pediatric, and adult regular and large sizes)	X	X	X	X	X
2.	Stethoscope	X	X	X	X	X
3.	Pediatric equipment sizing reference guide	X	X	X	X	X
4.	Thermometer with low temperature capability	X	X	X	X	X
5.	Heavy bandage or paramedic scissors for cutting clothing, belts, and boots	X	X	X	X	X
6.	Cold packs	X	X	X	X	X
7.	Flashlight (1) with extra batteries	X	X	X	X	X
8.	Blankets	X	X	X	X	X
9.	Sheets	X	X	X	X	X
10.	Disposable emesis bags or basins	X	X	X	X	X
11.	Disposable bedpan	X	X	X	X	X
12.	Disposable urinal	X	X	X	X	X
13.	Properly secured patient transport system	X	X	X	X	X
14.	Lubricating jelly (water soluble)	X	X	X	X	X
15.	Small volume nebulizer	X	X	-	X	X
16.	Glucometer or blood glucose measuring device with reagent strips	X	X	-	X	X
17.	Pulse oximeter with pediatric and adult probes	X	X	-	X	X
18.	Automatic blood pressure monitor	X	X	X	X	X

G.	**Infection Control (Latex-free equipment shall be available)**					
1.	Eye protection (full peripheral glasses or goggles, face shield)	X	X	X	X	X
2.	Masks	X	X	X	X	X
3.	Gloves, non-sterile	X	X	X	X	X
4.	Jumpsuits or gowns	X	X	X	X	X
5.	Shoe covers	X	X	X	X	X
6.	Disinfectant hand wash, commercial antimicrobial (towelette, spray, or liquid)	X	X	X	X	X
7.	Disinfectant solution for cleaning equipment	X	X	X	X	X
8.	Standard sharps containers	X	X	X	X	X
9.	Disposable red trash bags	X	X	X	X	X
10.	High-efficiency particulate air mask	X	X	X	X	X
H.	**Injury Prevention Equipment**					
1.	Appropriate restraints (such as seat belts) for patient, personnel, and family members	X	X	X	X	X
2.	Child safety restraints	X	X	X	X	X
3.	Safety vest or other garment with reflective material for each personnel member	-	X	X	X	X
4.	Fire extinguisher	X	X	X	X	X
5.	Hazardous material reference guide	X	X	X	X	X
6.	Hearing protection for patient and personnel	X	X	X	X	X
I.	**Vascular Access**					
1.	Intravenous administration equipment, with fluid in bags	X	X	-	X	X
2.	Antiseptic solution (alcohol wipes and povidone-iodine wipes)	X	X	-	X	X
3.	Intravenous pole or roof hook	X	X	-	X	X
4.	Intravenous catheters 14G-24G	X	X	-	X	X
5.	Intraosseous needles	X	X	-	X	X
6.	Venous tourniquet	X	X	-	X	X
7.	One of each of the following types of intravenous solution administration sets: a. A set with blood tubing, b. A set capable of delivering 60 drops per cc, and c. A set capable of delivering 10 or 15 drops per cc	X	X	-	X	X
8.	Intravenous arm boards, adult and pediatric	X	X	-	X	X
9.	IV pump or pumps (minimum of 3 infusion lines)	X	X	-	X	X
10.	IV pressure bag	X	X	-	X	X
J.	**Medications**					
1.	Drugs and drug-related equipment required in the EMT-B Drug List in Exhibit 1 to R9-25-503	X	X	X	-	-
2.	Drugs and drug-related equipment required in the EMT-P and Qualified EMT-I Drug List in Exhibit 1 to R9-25-503	X	X	-	X	X

Historical Note
New Table made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

R9-25-808. Recodified

Historical Note
New Section made by exempt rulemaking at 10 A.A.R. 239, effective January 3, 2004 (Supp. 03-4). Section recodified to R9-25-508 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3).

ARTICLE 9. GROUND AMBULANCE CERTIFICATE OF NECESSITY

R9-25-901. Definitions (A.R.S. § 36-2202 (A))
In addition to the definitions in R9-25-101, the following definitions apply in Articles 9, 10, 11, and 12 unless otherwise specified:

1. "Adjustment" means a modification, correction, or alteration to a rate or charge.
2. "ALS" has the same meaning as in R9-25-101(8).
3. "ALS base rate" means the monetary amount assessed to a patient according to A.R.S. § 36-2239(F).
4. "Ambulance attendant" has the same meaning as in A.R.S. § 36-2201(4).
5. "Ambulance Revenue and Cost Report" means Exhibit A or Exhibit B, which records and reports the financial activities of an applicant or a certificate holder.
6. "Applicant" means:
   a. An individual, if a sole proprietorship;
   b. The corporation's officers, if a corporation;
   c. The managing partner, if a partnership or limited liability partnership;
   d. The designated manager, or if no manager is designated, the members of the limited liability company, if a limited liability company;
   e. The designated representative of a public corporation that has controlling legal or equitable interest and authority in a ground ambulance service;
   f. The designated representative of a political subdivision that has controlling legal or equitable interest and authority in a ground ambulance service; or
   g. The designated representative of a government agency that has controlling legal or equitable interest and authority in a ground ambulance service.
7. "Application packet" means the fee, documents, forms, and additional information the Department requires to be submitted by an applicant or on an applicant's behalf.
8. "Back-up agreement" means a written arrangement between a certificate holder and a neighboring certificate holder for temporary coverage during limited times when the neighboring certificate holder's ambulances are not available for service in its service area.
9. "BLS" has the same meaning as in R9-25-101(13).
10. "BLS base rate" means the monetary amount assessed to a patient according to A.R.S. § 36-2239(G).
11. "Certificate holder" means a person to whom the Department issues a certificate of necessity.
12. "Certificate of necessity" has the same meaning as in A.R.S. § 36-2201(8).
13. "Certificate of registration" means an authorization issued by the Department to a certificate holder to operate a ground ambulance vehicle.
14. "Change of ownership" means:
   a. In the case of ownership by a sole proprietor, 20% or more interest or a beneficial interest is sold or transferred;
   b. In the case of ownership by a partnership or a private corporation, 20% or more of the stock, interest, or beneficial interest is sold or transferred; or
   c. The controlling influence changes to the extent that the management and control of the ground ambulance service is significantly altered.
15. "Charge" means the monetary amount assessed to a patient for disposable supplies, medical supplies, medication, and oxygen-related costs.
16. "Chassis" means the part of a ground ambulance vehicle consisting of all base components, including the frame, front and rear suspension, exhaust system, brakes, engine, engine hood or cover, transmission, front and rear axles, front fenders, drive train and shaft, fuel system, engine air intake and filter, accelerator pedal, steering wheel, tires, heating and cooling system, battery, and operating controls and instruments.
17. "Convalescent transport" means a scheduled transport other than an interfacility transport.
18. "Day" means calendar day.
19. "Dispatch" means the direction to a ground ambulance service or vehicle to respond to a call for EMS or transport.
20. "Driver's compartment" means the part of a ground ambulance vehicle that contains the controls and instruments for operation of the ground ambulance vehicle.
21. "Emergency medical services" or "EMS" has the same meaning as in A.R.S. § 36-2201(14).
22. "EMT" has the same meaning as in R9-25-101(31).
23. "Financial statements" means an applicant's balance sheet, annual income statement, and annual cash flow statement.
24. "Fit and proper" has the same meaning as in A.R.S. § 36-2201(19).
25. "Frame" means the structural foundation on which a ground ambulance vehicle chassis is constructed.
26. "General public rate" means the monetary amount assessed to a patient by a ground ambulance service for ALS, BLS, mileage, standby waiting, or according to a subscription service contract.
27. "Generally accepted accounting principles" means the conventions, and rules and procedures for accounting, including broad and specific guidelines, established by the Financial Accounting Standards Board.
28. "Goodwill" means the difference between the purchase price of a ground ambulance service and the fair market value of the ground ambulance service's identifiable net assets.
29. "Gross revenue" means:
   a. The sum of revenues reported in the Ambulance Revenue and Cost Report Exhibit A, page 2, lines 1, 9, and 20; or
   b. The sum of revenues reported in the Ambulance Revenue and Cost Report Exhibit B, page 3, lines 1, 24, 25, and 26.
30. "Ground ambulance service" means an ambulance service that operates on land.
31. "Ground ambulance service contract" means a written agreement between a certificate holder and a person for the provision of ground ambulance service.
32. "Ground ambulance vehicle" means a motor vehicle, defined in A.R.S. § 28-101, specifically designed to transport ambulance attendants and patients on land.

33. "Health care institution" has the same meaning as in A.R.S. § 36-401(A)(21).
34. "Indirect costs" means the cost of providing ground ambulance service that does not include the costs of equipment.
35. "Interfacility transport" means a scheduled transport between two health care institutions.
36. "Level of service" means ALS or BLS ground ambulance service, including the type of ambulance attendants used by the ground ambulance service.
37. "Major defect" means a condition that exists on a ground ambulance vehicle that requires the Department or the certificate holder to place the ground ambulance vehicle out-of-service.
38. "Mileage rate" means the monetary amount assessed to a patient for each mile traveled from the point of patient pick-up to the patient's destination point.
39. "Minor defect" means a condition that exists on a ground ambulance vehicle that is not a major defect.
40. "Needs assessment" means a study or statistical analysis that examines the need for ground ambulance service within a service area or proposed service area that takes into account the current or proposed service area's medical, fire, and police services.
41. "Out-of-service" means a ground ambulance vehicle cannot be operated to transport patients.
42. "Patient" means an individual who is sick, injured, or wounded or who requires medical monitoring, medical treatment, or transport.
43. "Patient compartment" means the ground ambulance vehicle body part that holds a patient.
44. "Person" has the same meaning as in A.R.S. § 1-215(28) and includes a political subdivision or governmental agency.
45. "Public necessity" means an identified population needs or requires all or part of the services of a ground ambulance service.
46. "Response code" means the priority assigned to a request for immediate dispatch by a ground ambulance service on the basis of the information available to the certificate holder or the certificate holder's dispatch authority.
47. "Response time" means the difference between the time a certificate holder is notified that a need exists for immediate dispatch and the time the certificate holder's first ground ambulance vehicle arrives at the scene. Response time does not include the time required to identify the patient's need, the scene, and the resources necessary to meet the patient's need.
48. "Response-time tolerance" means the percentage of actual response times for a response code and scene locality that are compliant with the response time approved by the Department for the response code and scene locality, for any 12-month period.
49. "Rural area" means a geographic region with a population of less than 40,000 residents that is not a suburban area.
50. "Scene" means the location of the patient or the closest point to the patient at which the ground ambulance vehicle can arrive.
51. "Scene locality" means an urban, suburban, rural, or wilderness area.
52. "Scheduled transport" means to convey a patient at a prearranged time by a ground ambulance vehicle for which an immediate dispatch and response is not necessary.
53. "Service area" means the geographical boundary designated in a certificate of necessity using the criteria in A.R.S. § 36-2233(E).
54. "Settlement" means the difference between the monetary amount Medicare establishes or AHCCCS pays as an allowable rate and the general public rate a ground ambulance service assesses a patient.
55. "Standby waiting rate" means the monetary amount assessed to a patient by a certificate holder when a ground ambulance vehicle is required to wait in excess of 15 minutes to load or unload the patient, unless the excess delay is caused by the ground ambulance vehicle or the ambulance attendants on the ground ambulance vehicle.
56. "Suboperation station" has the same meaning as in A.R.S. § 36-2201(25).
57. "Subscription service" means the provision of EMS or transport by a certificate holder to a group of individuals within the certificate holder's service area and the allocation of annual costs among the group of individuals.
58. "Subscription service contract" means a written agreement for subscription service.
59. "Subscription service rate" means the monetary amount assessed to a person under a subscription service contract.
60. "Substandard performance" means a certificate holder's:
    a. Noncompliance with A.R.S. Title 36, Chapter 21.1, Articles 1 and 2, or 9 A.A.C. 25, or the terms of the certificate holder's certificate of necessity, including all decisions and orders issued by the Director to the certificate holder;
    b. Failure to ensure that an ambulance attendant complies with A.R.S. Title 36, Chapter 21.1, Articles 1 and 2, or 9 A.A.C. 25, for the level of ground ambulance service provided by the certificate holder; or
    c. Failure to meet the requirements in 9 A.A.C. 25, Article 10.
61. "Suburban area" means a geographic region within a 10-mile radius of an urban area that has a population density equal to or greater than 1,000 residents per square mile.
62. "Third-party payor" means a person, other than a patient, who is financially responsible for the payment of a patient's assessed general public rates and charges for EMS or transport provided to the patient by a ground ambulance service.
63. "Transfer" means:
    a. A change of ownership or type of business entity; or
    b. To move a patient from a ground ambulance vehicle to an air ambulance.
64. "Transport" means the conveyance of one or more patients in a ground ambulance vehicle from the point of patient pick-up to the patient's initial destination.
65. "Type of ground ambulance service" means an interfacility transport, a convalescent transport, or a transport that requires an immediate response.
66. "Urban area" means a geographic region delineated as an urbanized area by the United States Department of Commerce, Bureau of the Census.
67. "Wilderness area" means a geographic region that has a population density of less than one resident per square mile.

Historical Note
New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

R9-25-902. Application for an Initial Certificate of Necessity; Provision of ALS Services; Transfer of a Certificate of Neces-

sity (A.R.S. §§ 36-2204, 36-2232, 36-2233(B), 36-2236(A) and (B), 36-2240)

A. An applicant for an initial certificate of necessity shall submit to the Department an application packet that includes:

1. An application form that contains:
   a. The legal business or corporate name, address, telephone number, and facsimile number of the ground ambulance service;
   b. The name, title, address, and telephone number of the following:
      i. Each applicant and individual responsible for managing the ground ambulance service;
      ii. The business representative or designated manager;
      iii. The individual to contact to access the ground ambulance service's records required in R9-25-910; and
      iv. The statutory agent for the ground ambulance service, if applicable;
   c. The name, address, and telephone number of the base hospital or centralized medical direction communications center for the ground ambulance service;
   d. The address and telephone number of the ground ambulance service's dispatch center;
   e. The address and telephone number of each suboperation station located within the proposed service area;
   f. Whether the ground ambulance service is a corporation, partnership, sole proprietorship, limited liability corporation, or other;
   g. Whether the business entity is proprietary, nonprofit, or governmental;
   h. A description of the communication equipment to be used in each ground ambulance vehicle and suboperation station;
   i. The make and year of each ground ambulance vehicle to be used by the ground ambulance service;
   j. The number of ambulance attendants and the type of licensure, certification, or registration for each attendant;
   k. The proposed hours of operation for the ground ambulance service;
   l. The type of ground ambulance service;
   m. The level of ground ambulance service;
   n. Acknowledgment that the applicant:
      i. Is requesting to operate ground ambulance vehicles and a ground ambulance service in this state;
      ii. Has received a copy of 9 A.A.C. 25 and A.R.S. Title 36, Chapter 21.1; and
      iii. Will comply with the Department's statutes and rules in any matter relating to or affecting the ground ambulance service;
   o. A statement that any information or documents submitted to the Department are true and correct; and
   p. The signature of the applicant or the applicant's designated representative;
2. The following information:
   a. Where the ground ambulance vehicles in subsection (A)(1)(i) are located within the applicant's proposed service area;
   b. A statement of the proposed general public rates;
   c. A statement of the proposed charges;
   d. The applicant's proposed response times, response codes, and response-time tolerances for each scene locality in the proposed service area, based on the following:
      i. The population demographics within the proposed service area;
      ii. The square miles within the proposed service area;
      iii. The medical needs of the population within the proposed service area;
      iv. The number of anticipated requests for each type and level of ground ambulance service in the proposed service area;
      v. The available routes of travel within the proposed service area;
      vi. The geographic features and environmental conditions within the proposed service area; and
      vii. The available medical and emergency medical resources within the proposed service area;
   e. A plan to provide temporary ground ambulance service to the proposed service area for a limited time when the applicant is unable to provide ground ambulance service to the proposed service area;
   f. Whether a ground ambulance service currently operates in all or part of the proposed service area and if so, where; and
   g. Whether an applicant or a designated manager:
      i. Has ever been convicted of a felony or a misdemeanor involving moral turpitude;
      ii. Has ever had a license or certificate of necessity for a ground ambulance service suspended or revoked by any state or political subdivision; or
      iii. Has ever operated a ground ambulance service without the required certification or licensure in this or any other state;
3. The following documents:
   a. A description of the proposed service area by any method specified in A.R.S. § 36-2233(E) and a map that illustrates the proposed service area;
   b. A projected Ambulance Revenue and Cost Report;
   c. The financing agreement for all capital acquisitions exceeding $5,000;
   d. The source and amount of funding for cash flow from the date the ground ambulance service commences operation until the date cash flow covers monthly expenses;
   e. Any proposed ground ambulance service contract under A.R.S. §§ 36-2232(A)1) and 36-2234(K);
   f. The information and documents specified in R9-25-1101, if the applicant is requesting to establish general public rates;
   g. Any subscription service contract under A.R.S. §§ 36-2232(A)(1) and 36-2237(B);
   h. A certificate of insurance or documentation of self-insurance required in A.R.S. § 36-2237(A) and R9-25-909;
   i. A surety bond if required under A.R.S. § 36-2237(B); and
   j. The applicant's and designated manager's resume or other description of experience and qualification to operate a ground ambulance service; and
4. Any documents, exhibits, or statements that may assist the Director in evaluating the application or any other information or documents needed by the Director to clarify incomplete or ambiguous information or documents.

B. Before an applicant provides ALS, the applicant shall submit to the Department the application packet required in subsection (A) and the following:
1. A current written contract for ALS medical direction; and
2. Proof of professional liability insurance for ALS personnel required in R9-25-909(A)(1)(b).

C. When requesting a transfer of a certificate of necessity:
1. The person wanting to transfer the certificate of necessity shall submit a letter to the Department that contains:
   a. A request that the certificate of necessity be transferred; and
   b. The name of the person to whom the certificate of necessity is to be transferred; and
2. The person identified in subsection (C)(1)(b) shall submit:
   a. The application packet in subsection (A); and
   b. The information in subsection (B), if ALS is provided.

D. An applicant shall submit the following fees:
1. $100 application filing fee for an initial certificate of necessity; or
2. $50 application filing fee for a transfer of a certificate of necessity.

E. The Department shall approve or deny an application under this Section according to 9 A.A.C. 25, Article 12.

Historical Note
New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

R9-25-903. Determining Public Necessity (A.R.S. § 36-2233(B)(2))

A. In determining public necessity for an initial or amended certificate of necessity, the Director shall consider the following:
1. The response times, response codes, and response-time tolerances proposed by the applicant for the service area;
2. The population demographics within the proposed service area;
3. The geographic distribution of health care institutions within and surrounding the service area;
4. Whether issuing a certificate of necessity to more than one ambulance service within the same service area is in the public's best interest, based on:
   a. The existence of ground ambulance service to all or part of the service area;
   b. The response times of and response-time tolerances for ground ambulance service to all or part of the service area;
   c. The availability of certificate holders in all or part of the service area; and
   d. The availability of emergency medical services in all or part of the service area;
5. The information in R9-25-902(A)(1) and (A)(2); and
6. Other matters determined by the Director or the applicant to be relevant to the determination of public necessity.

B. In deciding whether to issue a certificate of necessity to more than one ground ambulance service for convalescent or interfacility transport for the same service area or overlapping service areas, the Director shall consider the following:
1. The factors in subsections (A)(2), (A)(3), (A)(4)(a), (A)(4)(c), (A)(4)(d), (A)(5), and (A)(6);
2. The financial impact on certificate holders whose service area includes all or part of the service area in the requested certificate of necessity;
3. The need for additional convalescent or interfacility transport; and
4. Whether a certificate holder for the service area has demonstrated substandard performance.

C. In deciding whether to issue a certificate of necessity to more than one ground ambulance service for a 9-1-1 or similarly dispatched transport within the same service area or overlapping service areas, the Director shall consider the following:
1. The factors in subsections (A), (B)(2), and (B)(4);
2. The difference between the response times in the service area and proposed response times by the applicant;
3. A needs assessment adopted by a political subdivision, if any; and
4. A needs assessment, referenced in A.R.S. § 36-2210, adopted by a local emergency medical services coordinating system, if any.

Historical Note
New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

R9-25-904. Application for Renewal of a Certificate of Necessity (A.R.S. §§ 36-2233, 36-2235, 36-2240)

A. An applicant for a renewal of a certificate of necessity shall submit to the Department, not less than 60 days before the expiration date of the certificate of necessity, an application packet that includes:
1. An application form that contains the information in R9-25-902(A)(1)(a) through (A)(1)(m) and the signature of the applicant;
2. Proof of continuous insurance coverage or a statement of continuing self-insurance, including a copy of the current certificate of insurance or current statement of self-insurance required in R9-25-909;
3. Proof of continued coverage by a surety bond if required under A.R.S. §§ 36-2237(B);
4. A copy of the list of current charges required in R9-25-1109;
5. An affirmation that the certificate holder has and is continuing to meet the conditions of the certificate of necessity, including assessing only those rates and charges approved and set by the Director; and
6. $50 application filing fee.

B. A certificate holder who fails to file a timely application for renewal of the certificate of necessity according to A.R.S. § 36-2235 and this Section, shall cease operations at 12:01 a.m. on the date the certificate of necessity expires.

C. To commence operations after failing to file a timely renewal application, a person shall file an initial certificate of necessity application according to R9-25-902 and meet all the requirements for an initial certificate of necessity.

D. The Department shall approve or deny an application under this Section according to 9 A.A.C. 25, Article 12.

Historical Note
New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

R9-25-905. Application for Amendment of a Certificate of Necessity (A.R.S. §§ 36-2232(A)(4), 36-2240)

A. A certificate holder that wants to amend its certificate of necessity shall submit to the Department the application form in R9-25-902(A)(1) and an application filing fee of $50 for changes in:
1. The legal name of the ground ambulance service;
2. The legal address of the ground ambulance service;
3. The level of ground ambulance service;
4. The type of ground ambulance service;
5. The service area; or

6. The response times, response codes, or response-time tolerances.

B. In addition to the application form in subsection (A), an amending certificate holder shall submit:
1. For the addition of ALS ground ambulance service, the information required in R9-25-902(B)(1) and (B)(2).
2. For a change in the service area, the information required in R9-25-902(A)(3)(a);
3. For a change in response times, the information required in subsection R9-25-902(A)(2)(d);
4. A statement explaining the financial impact and impact on patient care anticipated by the proposed amendment;
5. Any other information or documents requested by the Director to clarify incomplete or ambiguous information or documents; and
6. Any documents, exhibits, or statements that the amending certificate holder wishes to submit to assist the Director in evaluating the proposed amendment.

C. The Department shall approve or deny an application under this Section according to 9 A.A.C. 25, Article 12.

Historical Note
New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

R9-25-906. Determining Response Times, Response Codes, and Response-Time Tolerances for Certificates of Necessity and Provision of ALS Services (A.R.S. §§ 36-2232, 36-2233)

In determining response times, response codes, and response-time tolerances for all or part of a service area, the Director may consider the following:
1. Differences in scene locality, if applicable;
2. Requirements of a 9-1-1 or similar dispatch system for all or part of the service area;
3. Requirements in a contract approved by the Department between a ground ambulance service and a political subdivision;
4. Medical prioritization for the dispatch of a ground ambulance vehicle according to procedures established by the certificate holder's medical direction authority; and
5. Other matters determined by the Director to be relevant to the measurement of response times, response codes, and response-time tolerances.

Historical Note
New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

R9-25-907. Observance of Service Area; Exceptions (A.R.S. § 36-2232)

A certificate holder shall not provide EMS or transport within an area other than the service area identified in the certificate holder's certificate of necessity except:
1. When authorized by a service area's dispatch, before the service area's ground ambulance vehicle arrives at the scene; or
2. According to a back-up agreement.

Historical Note
New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

R9-25-908. Transport Requirements; Exceptions (A.R.S. §§ 36-2224, 36-2232)

A certificate holder shall transport a patient except:
1. As limited by A.R.S. § 36-2224;
2. If the patient is in a health care institution and the patient's medical condition requires a level of care or monitoring during transport that exceeds the scope of practice of the ambulance attendants' certification;
3. If the transport may result in an immediate threat to the ambulance attendant's safety, as determined by the ambulance attendant, certificate holder, or medical direction authority;
4. If the patient is more than 17 years old and refuses to be transported; or
5. If the patient is in a health care institution and does not meet the federal requirements for medically necessary ground vehicle ambulance transport as identified in 42 CFR 410.40.

Historical Note
New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

R9-25-909. Certificate of Insurance or Self-Insurance (A.R.S. §§ 36-2232, 36-2233, 36-2237)

A. A certificate holder shall:
1. Maintain with an insurance company authorized to transact business in this state:
   a. A minimum single occurrence automobile liability insurance coverage of $500,000 for ground ambulance vehicles; and
   b. A minimum single occurrence malpractice or professional liability insurance coverage of $500,000; or
2. Be self-insured for the amounts in subsection (A)(1).

B. A certificate holder shall submit to the Department:
1. A copy of the certificate of insurance; or
2. Documentation of self-insurance.

C. A certificate holder shall submit a copy of the certificate of insurance to the Department no later than five days after the date of issuance of:
1. A renewal of the insurance policy; or
2. A change in insurance coverage or insurance company.

Historical Note
New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

R9-25-910. Record and Reporting Requirements (A.R.S. §§ 36-2232, 36-2241, 36-2246)

A. A certificate holder shall submit to the Department, no later than 180 days after the certificate holder's fiscal year end, the appropriate Ambulance Revenue and Cost Report.

B. According to A.R.S. § 36-2241, a certificate holder shall maintain the following records for the Department's review and inspection:
1. The certificate holder's financial statements;
2. All federal and state income tax records;
3. All employee-related expense reports and payroll records;
4. All bank statements and documents verifying reconciliation;
5. All documents establishing the depreciation of assets, such as schedules or accounting records on ground ambulance vehicles, equipment, office furniture, and other plant and equipment assets subject to depreciation;
6. All first care forms required in R9-25-514 and R9-25-615;
7. All patient billing and reimbursement records;
8. All dispatch records, including the following:
   a. The name of the ground ambulance service;
   b. The month of the record;
   c. The date of each transport;

d. The number assigned to the ground ambulance vehicle by the certificate holder;
e. Names of the ambulance attendants;
f. The scene;
g. The actual response time;
h. The response code;
i. The scene locality;
j. Whether the scene to which the ground ambulance vehicle is dispatched is outside of the certificate holder's service area; and
k. Whether the dispatch is a scheduled transport;

9. All ground ambulance service back-up agreements, contracts, grants, and financial assistance records related to ground ambulance vehicles, EMS, and transport;
10. All written ground ambulance service complaints; and
11. Information about destroyed or otherwise irretrievable records in a file including:
    a. A list of each record destroyed or otherwise irretrievable;
    b. A description of the circumstances under which each record became destroyed or otherwise irretrievable; and
    c. The date each record was destroyed or became otherwise irretrievable.

Historical Note
New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

R9-25-911. Ground Ambulance Service Advertising (A.R.S. § 36-2232)

A. A certificate holder shall not advertise that it provides a type or level of ground ambulance service or operates in a service area different from that granted in the certificate of necessity.

B. When advertising, a certificate holder shall not direct the circumvention of the use of 9-1-1 or another similarly designated emergency telephone number.

Historical Note
New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

R9-25-912. Disciplinary Action (A.R.S. §§ 36-2244, 36-2245)

A. After notice and opportunity to be heard is given according to the procedures in A.R.S. Title 41, Chapter 6, Article 10, a certificate of necessity may be suspended, revoked, or other disciplinary action taken for the following reasons:
1. The certificate holder has:
    a. Demonstrated substandard performance; or
    b. Been determined not to be fit and proper by the Director;
2. The certificate holder has provided false information or documents:
    a. On an application for a certificate of necessity;
    b. Regarding any matter relating to its ground ambulance vehicles or ground ambulance service; or
    c. To a patient, third-party payor, or other person billed for service; or
3. The certificate holder has failed to:
    a. Comply with the applicable requirements of A.R.S. Title 36, Chapter 21.1, Articles 1 and 2 or 9 A.A.C. 25; or
    b. Comply with any term of its certificate of necessity or any rates and charges schedule filed by the certificate holder and approved by the Department.

B. In determining the type of disciplinary action to impose under A.R.S. § 36-2245, the Director shall consider:
1. The severity of the violation relative to public health and safety;
2. The number of violations relative to the annual transport volume of the certificate holder;
3. The nature and circumstances of the violation;
4. Whether the violation was corrected, the manner of correction, and the time-frame involved; and
5. The impact of the penalty or assessment on the provision of ground ambulance service in the certificate holder's service area.

Historical Note
New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

Exhibit A. Ambulance Revenue and Cost Report, General Information and Certification

Legal Name of Company: _____CON No. _____
D.B.A. (Doing Business As):_____Business Phone: ( )_____
Financial Records Address:_____City: _____Zip Code _____
Mailing Address (If Different):_____City: _____Zip Code: _____
Owner/Manager: _____
Report Contact Person: _____Phone: ( )_____Ext._____
Report for Period From: _____To: _____
Method of Valuing Inventory:LIFO: ( ) FIFO: ( ) Other (Explain): _____

Please attach a list of all affiliated organizations (parents/subsidiaries) that exhibit at least 5% ownership/ vesting.

C E R T I F I C A T I O N

I hereby certify that I have directed the preparation of the Arizona Ambulance Revenue and Cost Report for the facility listed above in accordance with the reporting requirements of the State of Arizona.

I have read this report and hereby certify that the information provided is true and correct to the best of my knowledge.

This report has been prepared using the accrual basis of accounting.

Authorized Signature: _____

Title: _____ *Date:* _____

Mail to:

Department of Health Services, Bureau of Emergency Medical Services, Certificate of Necessity and Rates Section
1651 East Morten Avenue, Suite 130, Phoenix, AZ 85020
Telephone: (602) 861-0809; Fax: (602) 861-9812

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Revised 8/5/99

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:_____

FOR THE PERIOD FROM:_____ **TO:**_____

STATISTICAL SUPPORT DATA

Line No.	DESCRIPTION	(1) SUBSCRIPTION SERVICE TRANSPORTS	(2)** TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) TOTALS
01	Number of ALS Billable Runs				
02	Number of BLS Billable Runs				
03	Number of Loaded Billable Miles				
04	Waiting Time (Hr. & Min.)				
05	Total Canceled (Non-Billable) Runs				Number

	Volunteer Services: (OPTIONAL)	Donated Hours
06	Paramedic and IEMT	
07	Emergency Medical Technician - B	
08	Other Ambulance Attendants	
09	Total Volunteer Hours	

**This column reports only those runs where a contracted discount rate was applied. See Page 7 to provide additional information regarding discounted contract runs.

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:_____

FOR THE PERIOD FROM:_____ **TO:**_____

STATISTICAL SUPPORT DATA

Line No.	TYPE OF SERVICE	(1) SUBSIDIZED PATIENTS	(2) NON-SUBSIDIZED PATIENTS	(3) TOTALS
01	Number of Advanced Life Support Billable Runs	_____	_____	_____
02	Number of Basic Life Support Billable Runs	_____	_____	_____
03	Number of Loaded Billable Miles	_____	_____	_____
04	Waiting Time (Hours and Minutes)	_____	_____	_____
05	Total Canceled (Non-Billable) Runs	_____	_____	_____ Number
	Volunteer Services: (OPTIONAL)			Donated Hours
06	Paramedic and IEMT			_____
07	Emergency Medical Technician - B			_____
08	Other Ambulance Attendants _____			_____
09	Total Volunteer Hours			_____

Note: This page and page 3.1, Routine Operating Revenue, are only for those governmental agencies that apply subsidy to patient billings.

Page 1.1

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:_____

FOR THE PERIOD FROM:_____ **TO:**_____

STATEMENT OF INCOME

Line No.	**DESCRIPTION**	**FROM**		
	Operating Revenue:			
01	Ambulance Service Routine Operating Revenue	Page 3 Line 10		$_____
	Less:			
02	AHCCCS Settlement		_____	
03	Medicare Settlement		_____	
04	Contractual Discounts	Page 7 Line 22	_____	
05	Subscription Service Settlement	Page 8 Line 4	_____	
06	Other (Attach Schedule)		_____	
07	Total			_____
08	Net Revenue from Ambulance Runs			$_____
09	Sales of Subscription Service Contracts	Page 8 Line 8		
10	Total Operating Revenue			$_____
	Ambulance Operating Expenses:			
11	Bad Debt (Includes Subscription Services Bad Debt)		$_____	
12	Wages, Payroll Taxes, and Employee Benefits	Page 4 Line 22	_____	
13	General and Administrative Expenses	Page 5 Line 20	_____	
14	Cost of Goods Sold	Page 3 Line 15	_____	
15	Other Operating Expenses	Page 6 Line 28	_____	
16	Interest Expense (Attach Schedule IV)	Page 14 CI 4 & 5 Line 28	_____	
17	Subscription Service Direct Selling	Page 8 Line 23	_____	
18	Total Operating Expenses			_____
19	Ambulance Service Income (Loss) (Line 10 minus Line 18)			$_____
	Other Revenue/Expenses:			
20	Other Operating Revenue and Expenses	Page 9 Line 17	$_____	
21	Non-Operating Revenue and Expense		_____	
22	Non-Deductible Expenses (Attach Schedule)		_____	
23	Total Other Revenues/Expenses			_____
24	Ambulance Service Income (Loss) - Before Income Taxes			$_____
	Provision for Income Taxes:			
25	Federal Income Tax		$_____	
26	State Income Tax		_____	
27	Total Income Tax			_____
28	Ambulance Service - Net Income (Loss)			$_____

Page 2

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:_____

FOR THE PERIOD FROM:_____ **TO:**_____

ROUTINE OPERATING REVENUE

Line No.	**DESCRIPTION**	
	Ambulance Service Routine Operating Revenue:	
01	ALS Base Rate	$_____
02	BLS Base Rate	_____
03	Mileage Charge	_____
04	Waiting Charge	_____
05	Medical Supplies (Gross Charges)	_____
06	Nurses Charges	_____
07	Total	$ _____
08	Standby Revenue (Attach Schedule)	_____
09	Other Ambulance Service Revenue (Attach Schedule)	_____
10	Total Ambulance Service Routine Operating Revenue (To Page 2, Line 01)	$ _____

COST OF GOODS SOLD: (MEDICAL SUPPLIES)

11	Inventory at Beginning of Year	_____
12	Plus Purchases	_____
13	Plus Other Costs	_____
14	Less Inventory at End of Year	(_____)
15	Cost of Goods Sold (To Page 2, Line 14)	$ _____

Page 3

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:_____

FOR THE PERIOD FROM:_____ **TO:**_____

ROUTINE OPERATING REVENUE

Line No.	DESCRIPTION	(1) SUBSIDIZED PATIENTS	(2) NON-SUBSIDIZED PATIENTS	(3) TOTALS
	AMBULANCE SERVICE OPERATING REVENUE			
01	ALS Base Rate	$_____	$_____	$_____
02	BLS Base Rate	_____	_____	_____
03	Mileage Charge	_____	_____	_____
04	Waiting Charge	_____	_____	_____
05	Medical Supplies (Gross Charges)	_____	_____	_____
06	Nurses' Charges	_____	_____	_____
07	Total	$_____	$_____	$_____
08	Standby Revenue (Attach Schedule)			_____
09	Other Ambulance Service Revenue (Attach Schedule)			_____
10	Total Ambulance Service Routine Operating Revenue (Column 3 to Page 2, Line 01)			$_____
	Less:			
11	AHCCCS Settlement	$_____	$_____	$_____
12	Medicare Settlement	_____	_____	_____
13	Subsidy	_____	xxxxxxxxxxxxx	_____
14	Other (Attach Schedule)	_____	_____	_____
15	Total Settlements (Column 3 to Page 2, Line 06)	$_____	$_____	$_____
	Cost of Goods Sold:			
16	Inventory at Beginning of Year			$_____
17	Plus Purchases			_____
18	Plus Other Costs			_____
19	Less Inventory at End of Year			(_____)
20	Cost of Goods Sold (Column 3 to Page 2, Line 14)			$_____

Page 3.1

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:_____

FOR THE PERIOD FROM:_____ **TO:**_____

WAGES, PAYROLL TAXES, AND EMPLOYEE BENEFITS

Line No.	DESCRIPTION	No. of *F.T.E.s	AMOUNT
01	**Gross Wages - OFFICERS/OWNERS (**Attach Schedule1, Page 10, Line 7)	_____	$ _____
02	Payroll Taxes		_____
03	Employee Fringe Benefits		_____
04	Total	_____	$_____
05	**Gross Wages - MANAGEMENT** (Attach Schedule II)	_____	$_____
06	Payroll Taxes.		_____
07	Employee Fringe Benefits		_____
08	Total	_____	$_____

Gross Wages - AMBULANCE PERSONNEL (Attach Schedule II)

		**Casual Labor	Wages		
09	Paramedics and IEMT.	_____	_____	_____	$_____
10	Emergency Medical Technician (EMT).	_____	_____	_____	_____
11	Nurses.	_____	_____	_____	_____
12	Payroll Taxes.				_____
13	Employee Fringe Benefits				_____
14	Total.			_____	$_____

Gross Wages - OTHER PERSONNEL (Attach Schedule II)

15	Dispatch.	_____	$_____
16	Mechanics	_____	
17	Office and Clerical	_____	
18	Other	_____	
19	Payroll Taxes.		_____
20	Employee Fringe Benefits		_____
21	Total.	_____	$_____
22	Total F.T.E.s' Wages, Payroll Taxes, & Employee Benefits (To Page 2, Line 12) .	_____	$_____

* Full-time equivalents (F.T.E.) Is the sum of all hours for which employee wages were paid during the year divided by 2,080.

** The sum of Casual Labor (wages paid on a per run basis) plus Wages paid is entered in Column 2 by line item. However, when calculating F.T.E.s, do not include casual labor hours worked or expenses incurred.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:_____

FOR THE PERIOD FROM:_____ **TO:**_____

WAGES, PAYROLL TAXES, AND EMPLOYEE BENEFITS

Line No.	DESCRIPTION			(1) No. of *F.T.E.s	(2) Total Expenditure	(3) Allocation Percentage	(4) Ambulance Amount
01	Gross Wages - Management (Attach Schedule II)				$		
02	Payroll Taxes						
03	Employee Fringe Benefits						
04	Total				$		
	Gross Wages - Ambulance Personnel (Attach Schedule) :	**Contractual	Wages				
05	Paramedics and IEMT				$		
06	Emergency Medical Technician (EMT)						
07	Nurses						
08	Drivers						
09	Payroll Taxes						
10	Employee Fringe Benefits						
11	Total				$		
	Gross Wages - Other Personnel (Attach Schedule II):						
12	Dispatch				$		
13	Mechanics						
14	Office and Clerical						
15	Other						
16	Payroll Taxes						
17	Employee Fringe Benefits						
18	Total				$		
19	Total F.T.E.s' Wages, Payroll Taxes, and Employee Benefits (To Page 2, Line 12)				**$**		

* Full-Time Equivalents (F.T.E.) Is the sum of all hours for which employee wages were paid during the year divided by 2,080.

** The sum of Contractual + Wages paid is entered in Column 2 by line item. However, when calculating F.T.E.s, do not include contractual hours worked or expenses incurred.

Page 4.1

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:_____

FOR THE PERIOD FROM:_____ **TO:**_____

WAGES, PAYROLL TAXES, AND EMPLOYEE BENEFITS

Line No.	DESCRIPTION	Basis of Allocations
01	Gross Wages - Management	
02	Payroll Taxes	
03	Employee Fringe Benefits	
04	Total	

	Gross Wages - Ambulance Personnel:	Contractual	Wages
05	Paramedics and IEMT.		
06	Emergency Medical Technician (EMT).		
07	Nurses		
08	Drivers		
09	Payroll Taxes		
10	Employee Fringe Benefits		
11	Total		

Gross Wages - Other Personnel:

12	Dispatch
13	Mechanics
14	Office and Clerical
15	Other
16	Payroll Taxes
17	Employee Fringe Benefits
18	Total

Page 4.1.a

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:_____

FOR THE PERIOD FROM:_____ **TO:**_____

GENERAL AND ADMINISTRATIVE EXPENSES

Line No.	DESCRIPTION		
	Professional Services:		
01	Legal Fees	$_____	
02	Collection Fees	_____	
03	Accounting and Auditing	_____	
04	Data Processing Fees	_____	
05	Other (Attach Schedule)	_____	
06	Total		$_____
	Travel and Entertainment:		
07	Meals and Entertainment	$_____	
08	Transportation - Other Company Vehicles	_____	
09	Travel	_____	
10	Other (Attach Schedule)	_____	
11	Total		$_____
	Other General and Administrative:		
12	Office Supplies	$_____	
13	Postage	_____	
14	Telephone	_____	
15	Advertising	_____	
16	Professional Liability Insurance	_____	
17	Dues and Subscriptions	_____	
18	Other (Attach Schedule)	_____	
19	Total		$_____
20	Total General and Administrative Expenses (To Page 2, Line 13)		$_____

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Department of Health Services – Emergency Medical Services

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:_____

FOR THE PERIOD FROM:_____ **TO:**_____

GENERAL AND ADMINISTRATIVE EXPENSES

Line No.	DESCRIPTION	(1) Total Expenditure	(2) Allocation Percentage	(3) Ambulance Amount
	Professional Services:			
01	Legal Fees	$_____	_____	$_____
02	Collection Fees	_____	_____	_____
03	Accounting and Auditing	_____	_____	_____
04	Data Processing Fees	_____	_____	_____
05	Other (Attach Schedule)	_____	_____	_____
06	Total	$_____		$_____
	Travel and Entertainment:			
07	Meals and Entertainment	$_____	_____	$_____
08	Transportation - Other Company Vehicles	_____	_____	_____
09	Travel	_____	_____	_____
10	Other (Attach Schedule)	_____	_____	_____
11	Total	$_____		$_____
	Other General and Administrative:			
12	Office Supplies	$_____	_____	$_____
13	Postage	_____	_____	_____
14	Telephone	_____	_____	_____
15	Advertising	_____	_____	_____
16	Professional Liability Insurance	_____	_____	_____
17	Dues and Subscriptions	_____	_____	_____
18	Other (Attach Schedule)	_____	_____	_____
19	Total	$_____		$_____
20	Total General & Administrative Expenses (to Page 2, Line 13)	$_____		$_____

Page 5.1

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:_____

FOR THE PERIOD FROM:_____ **TO:**_____

GENERAL AND ADMINISTRATIVE EXPENSES (cont.)

Line No.	DESCRIPTION	Basis of Allocations
	Professional Services:	
01	Legal Fees	
02	Collection Fees	
03	Accounting and Auditing	
04	Data Processing Fees	
05	Other (Attach Schedule)	
06	Total	
	Travel and Entertainment:	
07	Meals and Entertainment	
08	Transportation - Other Company Vehicles	
09	Travel	
10	Other (Attach Schedule)	
11	Total	
	Other General and Administrative:	
12	Office Supplies	
13	Postage	
14	Telephone	
15	Advertising	
16	Professional Liability Insurance	
17	Dues and Subscriptions	
18	Other (Attach Schedule)	
19	Total	

Page 5.1.a

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:_____

FOR THE PERIOD FROM:_____ **TO:**_____

OTHER OPERATING EXPENSES

Line No.	OTHER OPERATING EXPENSES		
	Depreciation and Amortization:		
01	Depreciation (Attach Schedule III) (From Line 20, Col I, Page 13)	$_____	
02	Amortization	_____	
03	Total		$_____
04	Rent/Lease (Attach Schedule III) (From Line 20, Col K, Page 13)		$_____
	Building/Station Expense:		
05	Building and Cleaning Supplies	$_____	
06	Utilities	_____	
07	Property Taxes	_____	
08	Property Insurance	_____	
09	Repairs and Maintenance	_____	
10	Other (Attach Schedule)	_____	
11	Total		$_____
	Vehicle Expense - Ambulance Units:		
12	License/Registration	$_____	
13	Fuel	_____	
14	General Vehicle Service and Maintenance	_____	
15	Major Repairs	_____	
16	Insurance - Service Vehicles	_____	
17	Other (Attach Schedule)	_____	
18	Total		$_____
	Other Expenses:		
19	Dispatch	_____	
20	Education/Training	_____	
21	Uniforms and Uniform Cleaning	_____	
22	Meals and Travel for Ambulance Personnel	_____	
23	Maintenance Contracts	_____	
24	Minor Equipment - Not Capitalized	_____	
25	Ambulance Supplies - Nonchargeable	_____	
26	Other (Attach Schedule)	_____	
27	Total		$_____
28	Total Other Operating Expenses (To Page 2, Line 15)		$ _____

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:_____

FOR THE PERIOD FROM:_____ **TO:**_____

OTHER OPERATING EXPENSES

OTHER OPERATING EXPENSES	**(1) Total Expenditure**	**(2) Allocation Percentage**	**(3) Ambulance Amount**
Depreciation and Amortization:			
Depreciation (Attach Schedule III) (From Line 20, Col I, Page 12)	$		
Amortization			
Total	$		
Rent/Lease (Attach Schedule III) Line 20, Col K, Page 12	$		
Building/Station Expense:			
Building and Cleaning Supplies	$		
Utilities			
Property Taxes			
Property Insurance			
Repairs and Maintenance			
Other (Attach Schedule)			
Total	$		
Vehicle Expense - Ambulance Units:			
License/Registration	$		
Fuel			
General Vehicle Service and Maintenance			
Major Repairs			
Insurance - Service Vehicles			
Other (Attach Schedule)			
Total	$		
Other Expenses:			
Dispatch	$		
Education/Training			
Uniforms and Uniform Cleaning			
Meals and Travel for Ambulance Personnel			
Maintenance Contracts			
Minor Equipment - Not Capitalized			
Ambulance Supplies - Nonchargeable			
Other (Attach Schedule)			
Total	$		
Total Other Operating Expenses (To Page 2, Line 15)	$		

Page 6.1

Department of Health Services – Emergency Medical Services

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:_____

FOR THE PERIOD FROM:_____ **TO:**_____

OTHER OPERATING EXPENSES

Line No.	OTHER OPERATING EXPENSES	Basis of Allocations
	Depreciation and Amortization:	
01	Depreciation	
02	Amortization	
03	Total	
04	Rent/Lease	
	Building/Station Expense:	
05	Building and Cleaning Supplies	
06	Utilities	
07	Property Taxes	
08	Property Insurance	
09	Repairs and Maintenance	
10	Other (Attach Schedule)	
11	Total	
	Vehicle Expense - Ambulance Units:	
12	License/Registration	
13	Fuel	
14	General Vehicle Service and Maintenance	
15	Major Repairs	
16	Insurance - Service Vehicles	
17	Other (Attach Schedule)	
18	Total	
	Other Expenses:	
19	Dispatch	
20	Education/Training	
21	Uniforms and Uniform Cleaning	
22	Meals and Travel for Ambulance Personnel	
23	Maintenance Contracts	
24	Minor Equipment - Not Capitalized	
25	Ambulance Supplies - Nonchargeable	
26	Other (Attach Schedule)	
27	Total	

Page 6.1.a

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:_____

FOR THE PERIOD FROM:_____ **TO:**_____

DETAIL OF CONTRACTUAL ALLOWANCES

Line No.	Name of Contracting Entity	Total Billable Runs	Gross Billing	Percent Discount	Allowance
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22	**Total (To Page 2, Line 4)**				

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:_____

FOR THE PERIOD FROM:_____ **TO:**_____

SUBSCRIPTION SERVICE REVENUE AND DIRECT SELLING EXPENSES

Line No.	Description	To		
01	Billings at Fully Established Rate			$ _____
	Less:			
02	AHCCCS Settlement		_____	
03	Medicare Settlement		_____	
04	Subscription Service Settlements	(To Page 2, Line 5)	_____	
05	Subscription Service Bad Debt		_____	
06	Total			$ _____
07	Net Revenue from Subscription Service Runs			_____
08	Sales of Subscription Service	(To Page 2, Line 9)		_____
09	Other Revenue (Attach Schedule)			_____
10	Total Subscription Service Revenue			**$** _____
	Direct Expenses Incurred Selling Subscription Contracts:			
11	Salaries/Wages		$_____	
12	Payroll Taxes		_____	
13	Employee Fringe Benefits		_____	
14	Professional Services		_____	
15	Contract Labor		_____	
16	Travel		_____	
17	Other General and Administrative Expenses		_____	
18	Depreciation/Amortization		_____	
19	Rent/Lease		_____	
20	Building/Station Expense		_____	
21	Transportation/Vehicles		_____	
22	Other (Attach Schedule)		_____	
23	Total Subscription Service Expenses	(To Page 2, Line 17).		$ _____

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:_____

FOR THE PERIOD FROM:_____ **TO:**_____

OTHER OPERATING REVENUES AND EXPENSES

Line No.	**DESCRIPTION**		
	Other Operating Revenues:		
01	Supportive Funding - Local (Attach Schedule)	$ _____	
02	Grant Funds - State (Attach Schedule)	_____	
03	Grant Funds - Federal (Attach Schedule)	_____	
04	Grant Funds - Other (Attach Schedule)	_____	
05	Patient Finance Charges	_____	
06	Patient Late Payment Charges	_____	
07	Interest Earned - Related Person/Organization	_____	
08	Interest Earned - Other	_____	
09	Gain on Sale of Operating Property	_____	
10	Other: _____	_____	
11	Other: _____	_____	
12	Total Operating Revenue		$ _____
	Other Operating Expenses:		
13	Loss on Sale of Operating Property	$ _____	
14	Other: _____	_____	
15	Other: _____	_____	
16	Total Other Operating Expenses		$ _____
17	Net Other Operating Revenues and Expenses (To Page 2, Line 20)		$ _____

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:_____

FOR THE PERIOD FROM:_____ **TO:**_____

DETAIL OF SALARIES/WAGES
OFFICERS/OWNERS
SCHEDULE 1

Wages Paid by Category

Line No.	Name	Title	% of Owner-ship	Manage-ment	*FTE	CEP IEMT EMT	*FTE	Office	*FTE	Other	*FTE	**Totals** Wages Paid To Owners	*FTE
01				$		$		$		$		$	
02													
03													
04													
05													
06												[1]	[2]
07	**TOTAL**			$		$		$		$		$	

* Full-time equivalents (F.T.E.) Is the sum of all hours for which employee wages were paid during the year divided by 2080

1 Total wages paid to owners to Page 4 Col 2 Line 01
2 Total FTEs to Page 4 Col 1 Line 01

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:_____

FOR THE PERIOD FROM:_____ **TO:**_____

OPERATING EXPENSES
DETAIL OF SALARIES/WAGES
SCHEDULE II

Line
No. Detail of Salaries/Wages - Other Than Officers/Owners

01 MANAGEMENT: **METHOD OF COMPENSATION:**

Certification and/or Title	Scheduled Shifts (I.e. 40 or 60 hours a week)	Hourly Wage	Annual Salary	$s Per Run or Shift

02 AMBULANCE PERSONNEL:

03 OTHER PERSONNEL:

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:_____

FOR THE PERIOD FROM:_____ **TO:**_____

DEPRECIATION AND/OR RENT/LEASE EXPENSE
SCHEDULE III

AMBULANCE VEHICLES AND ACCESSORIAL EQUIPMENT ONLY

	A	B	C	D	E	F	G	H	I	J	K
Line No.	Description of Property	Date Placed in Service	Cost or Other Basis	Business Use Percent	Basis for Depreciation	Method	Recovery Period	Depreciation Prior Years	Current Year Depreciation	Remaining Basis	Rent/Lease Amount*
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20	**SUBTOTAL**	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	XXX	2

* Complete Description of property, date placed in service, and rent/lease amount only.
1 To Page 13, Line 19, Column I
2 To Page 13, Line 19, Column K

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:_____

FOR THE PERIOD FROM:_____ **TO:**_____

DEPRECIATION AND/OR RENT/LEASE EXPENSE
SCHEDULE III **ALL OTHER ITEMS**

	A	B	C	D	E	F	G	H	I	J	K
Line No.	Description of Property	Date Placed in Service	Cost or Other Basis	Business Use Percent	Basis for Depreciation	Method	Recovery Period	Depreciation Prior Years	Current Year Depreciation	Remaining Basis	Rent/Lease Amount*
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											
16											
17											
18	SUBTOTAL	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	
19	SUBTOTAL from Page 12, Line 20	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	
20	SUM of Line 18 and 19	XXX	XXX	XXX	XXX	XXX	XXX	XXX	**3**	XXX	**4**

* Complete Description of property, date placed in service, and rent/lease amount only.
3 To Page 6, Line 01
4 To Page 6, Line 04

Page 13

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:_____

FOR THE PERIOD FROM:_____ **TO:**_____

DETAIL OF INTEREST - Schedule IV

Line No.	Description	(1) Interest Rate	(2) Principal Balance Beginning of Period	(3) Principal Balance End of Period	(4) Interest Expense Related Persons or Organizations	(5) Interest Expense Other
	Service Vehicles & Accessorial Equipment Name of Payee:					
01		%	$	$	$	$
02						
03						
04						
	Communication Equipment Name of Payee:					
05		%	$	$	$	$
06						
07						
	Other Property and Equipment Name of Payee:					
08		%	$	$	$	$
09						
10						
	Working Capital Name of Payee:					
11		%	$	$	$	$
12						
13						
	Other Name of Payee:					
14		%	$	$	$	$
15	TOTAL		$	$	$	$

----------(To Page 2, Column 2, Line 16)---------

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:_____

FOR THE PERIOD FROM:_____ **TO:**_____

BALANCE SHEET

ASSETS

CURRENT ASSETS

01	Cash	$ _____	
02	Accounts Receivable	_____	
03	Less: Allowance for Doubtful Accounts	_____	
04	Inventory	_____	
05	Prepaid Expenses	_____	
06	Other Current Assets	_____	
07	TOTAL CURRENT ASSETS		$ _____
	PROPERTY & EQUIPMENT		
08	Less: Accumulated Depreciation		$ _____
09	OTHER NONCURRENT ASSETS		$ _____
10	TOTAL ASSETS		$_____

LIABILITIES AND EQUITY

CURRENT LIABILITIES

11	Accounts Payable	$ _____	
12	Current Portion of Notes Payable	_____	
13	Current Portion of Long Term Debt	_____	
14	Deferred Subscription Income	_____	
15	Accrued Expenses and Other	_____	
16	_____	_____	
17	_____	_____	
18	TOTAL CURRENT LIABILITIES		$ _____
19	NOTES PAYABLE	_____	
20	LONG TERM DEBT OTHER	_____	
21	TOTAL LONG-TERM DEBT		$ _____
	EQUITY AND OTHER CREDITS		
	Paid-in Capital:		
22	Common Stock	$ _____	
23	Paid-In Capital in Excess of Par Value	_____	
24	Contributed Capital	_____	
25	Retained Earnings	_____	
26	Fund Balances	_____	
27	TOTAL EQUITY		$ _____
28	TOTAL LIABILITIES & EQUITY		$_____

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:_____

FOR THE PERIOD FROM:_____ **TO:**_____

STATEMENT OF CASH FLOWS

	OPERATING ACTIVITIES:		
01	Net (loss) Income	$ _____	
	Adjustments to reconcile net income to net cash provided by operating activities:		
02	Depreciation Expense	_____	
03	Deferred Income Tax	_____	
04	Loss (gain) on Disposal of Property and Equipment	_____	
	(Increase) Decrease in:		
05	Accounts Receivable	_____	
06	Inventories	_____	
07	Prepaid Expenses	_____	
	(Increase) Decrease in:		
08	Accounts Payable	_____	
09	Accrued Expenses	_____	
10	Deferred Subscription Income	_____	
11	Net Cash Provided (Used) by Operating Activities		$_____
	INVESTING ACTIVITIES:		
12	Purchases of Property and Equipment	$ _____	
13	Proceeds from Disposal of Property and Equipment	_____	
14	Purchases of Investments	_____	
15	Proceeds from Disposal of Investments	_____	
16	Loans Made	_____	
17	Collections on Loans	_____	
18	Other _____	_____	
19	Net Cash Provided (Used) by Investing Activities		$_____
	FINANCING ACTIVITIES:		
	New Borrowings:		
20	Long-Term	$ _____	
21	Short-Term	_____	
	Debt Reduction:		
22	Long-Term	_____	
23	Short-Term	_____	
24	Capital Contributions	_____	
25	Dividends paid	_____	
26	Net Cash Provided (Used) by Financing Activities		$_____
27	Net Increase (Decrease) in Cash		$_____
28	Cash at Beginning of Year		$_____
29	Cash at End of Year		$_____
30	**SUPPLEMENTAL DISCLOSURES:**		
	Non-cash Investing and Financing Transactions:		
31	_____		$_____
32	_____		_____
33	Interest Paid (Net of Amounts Capitalized)		_____
34	Income Taxes Paid		_____

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Historical Note

New Exhibit adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1). New Exhibit A recodified

from Article 12 at 12 A.A.R. 2243, effective June 2, 2006 (Supp. 06-2).

Exhibit B. Ambulance Revenue and Cost Report, Fire District and Small Rural Company

Department of Health Services

Annual Ambulance Financial Report

Reporting Ambulance Service

Report Fiscal Year

From: ____/____/____ To: ____/____/____
Mo. Day Year Mo. Day Year

C E R T I F I C A T I O N

I hereby certify that I have directed the preparation of the enclosed annual report in accordance with the reporting requirements of the State of Arizona.

I have read this report and hereby certify that the information provided is true and correct to the best of my knowledge.

This report has been prepared using the accrual basis of accounting.

Authorized Signature: _____ *Date:* _____

Print Name and Title: _____

Mail to:
Department of Health Services
Bureau of Emergency Medical Services
Certificate of Necessity and Rates Section
1651 East Morten Avenue, Suite 130
Phoenix, AZ 85020
Telephone: (602) 861-0809
Fax: (602) 861-9812

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Revised 8/2/00

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:_____

FOR THE PERIOD FROM:_____ **TO:**_____

STATISTICAL SUPPORT DATA

Line No.	DESCRIPTION	(1) SUBSCRIPTION SERVICE TRANSPORTS	*(2) TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) TOTALS
01	Number of ALS Billable Transports:	_____	_____	_____	_____
02	Number of BLS Billable Transports:	_____	_____	_____	_____
03	Number of Loaded Billable Miles:	_____	_____	_____	_____
04	Waiting Time (Hr. & Min.):	_____	_____	_____	_____
05	Canceled (Non-Billable) Runs:	_____	_____	_____	_____

AMBULANCE SERVICE ROUTINE OPERATING REVENUE

06	ALS Base Rate Revenue	$_____
07	BLS Base Rate Revenue	_____
08	Mileage Charge Revenue	_____
09	Waiting Charge Revenue	_____
10	Medical Supplies Charge Revenue	_____
11	Nurses Charge Revenue	_____
12	Standby Charge Revenue (Attach Schedule)	_____
13	TOTAL AMBULANCE SERVICE ROUTINE OPERATING REVENUE	$_____

SALARY AND WAGE EXPENSE DETAIL

Line No.	GROSS WAGES:		**No. of F.T.E.s
14	Management	$_____	$_____
15	Paramedics and IEMTs	$_____	$_____
16	Emergency Medical Technician (EMT)	$_____	$_____
17	Other Personnel	$_____	$_____
18	Payroll Taxes and Fringe Benefits - All Personnel	$_____	$_____

*This column reports only those runs where a contracted discount rate was applied.
**Full-time equivalents (F.T.E.) Is the sum of all hours for which employees wages were paid during the year divided by 2080.

Page 2

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:_____

FOR THE PERIOD FROM:_____ **TO:**_____

SCHEDULE OF REVENUES AND EXPENSES

Line No.	DESCRIPTION	FROM	
	Operating Revenues:		
01	Total Ambulance Service Operating Revenue	Page 2, Line 13	$_____
	Settlement Amounts:		
02	AHCCCS		(_____)
03	Medicare		(_____)
04	Subscription Service		(_____)
05	Contractual		(_____)
06	Other		(_____)
07	Total (Sum of Lines 02 through 06)		(_____)
08	Total Operating Revenue (Line 01 minus Line 07)		$ _____
	Operating Expenses:		
09	Bad Debt		
10	Total Salaries, Wages, and Employe- Related Expenses		$_____
11	Professional Services		_____
12	Travel and Entertainment		_____
13	Other General Administrative		_____
14	Depreciation.		_____
15	Rent/Leasing		_____
16	Building/Station		_____
17	Vehicle Expense		_____
18	Other Operating Expense		_____
19	Cost of Medical Supplies Charged to Patients		_____
20	Interest		_____
21	Subscription Service Sales Expense		_____
22	Total Operating Expense (Sum of Lines 09 through 21)		_____
23	Total Operating Income or Loss (Line 08 minus Line 22).		$ _____
24	Subscription Contract Sales		_____
25	Other Operating Revenue		_____
26	Local Supportive Funding		_____
27	Other Non-Operating Income (Attach Schedule).		_____
28	Other Non-Operating Expense (Attach Schedule).		_____
29	NET INCOME/(LOSS) (Line 23 plus Sum of Lines 24 through 28).		$ _____

Page 3

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:_____

FOR THE PERIOD FROM:_____ **TO:**_____

BALANCE SHEET

ASSETS

CURRENT ASSETS

01	Cash	$ _____	
02	Accounts Receivable	_____	
03	Less: Allowance for Doubtful Accounts	_____	
04	Inventory	_____	
05	Prepaid Expenses	_____	
06	Other Current Assets	_____	
07	TOTAL CURRENT ASSETS		$ _____
	PROPERTY & EQUIPMENT		
08	Less: Accumulated Depreciation		$ _____
09	OTHER NONCURRENT ASSETS		$ _____
10	TOTAL ASSETS		$ _____

LIABILITIES AND EQUITY

CURRENT LIABILITIES

11	Accounts Payable	$ _____	
12	Current Portion of Notes Payable	_____	
13	Current Portion of Long term Debt	_____	
14	Deferred Subscription Income	_____	
15	Accrued Expenses and Other	_____	
16	_____	_____	
17	_____	_____	
18	TOTAL CURRENT LIABILITIES		$ _____
19	NOTES PAYABLE	_____	
20	LONG TERM DEBT OTHER	_____	
21	TOTAL LONG-TERM DEBT		$ _____
	EQUITY AND OTHER CREDITS		
	Paid-in Capital:		
22	Common Stock	$ _____	
23	Paid-In Capital in Excess of Par Value	_____	
24	Contributed Capital	_____	
25	Retained Earnings	_____	
26	Fund Balances	_____	
27	TOTAL EQUITY		$ _____
28	TOTAL LIABILITIES & EQUITY		$ _____

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:_____

FOR THE PERIOD FROM:_____ **TO:**_____

STATEMENT OF CASH FLOWS

	OPERATING ACTIVITIES:		
01	Net (loss) Income	$ _____	
	Adjustments to reconcile net income to net cash provided by operating activities:		
02	Depreciation Expense	_____	
03	Deferred Income Tax	_____	
04	Loss (gain) on Disposal of Property and Equipment	_____	
	(Increase) Decrease in:		
05	Accounts Receivable	_____	
06	Inventories	_____	
07	Prepaid Expenses	_____	
	(Increase) Decrease in:		
08	Accounts Payable	_____	
09	Accrued Expenses	_____	
10	Deferred Subscription Income	_____	
11	Net Cash Provided (Used) by Operating Activities		$_____
	INVESTING ACTIVITIES:		
12	Purchases of Property and Equipment	_____	
13	Proceeds from Disposal of Property and Equipment	_____	
14	Purchases of Investments	_____	
15	Proceeds from Disposal of Investments	_____	
16	Loans Made	_____	
17	Collections on Loans	_____	
18	Other _____	_____	
19	Net Cash Provided (Used) by Investing Activities		$_____
	FINANCING ACTIVITIES:		
	New Borrowings:		
20	Long-Term	_____	
21	Short-Term	_____	
	Debt Reduction:		
22	Long-Term	_____	
23	Short-Term	_____	
24	Capital Contributions	_____	
25	Dividends paid	_____	
26	Net Cash Provided (Used) by Financing Activities		$_____
27	Net Increase (Decrease) in Cash		$_____
28	Cash at Beginning of Year		$_____
29	Cash at End of Year		$_____
30	**SUPPLEMENTAL DISCLOSURES:**		
	Non-cash Investing and Financing Transactions:		
31	_____		$_____
32	_____		_____
33	Interest Paid (Net of Amounts Capitalized)		_____
34	Income Taxes Paid		_____

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INSTRUCTIONS

Page 1: COVER

1. Enter the name of the ambulance service on the line "Reporting Ambulance Service."
2. Print the name and title of the ambulance service's authorized representative on the lines indicated; enter the date of signature; authorized representative must sign the report.

Page 2: STATISTICAL SUPPORT DATA and ROUTINE OPERATING REVENUE

Enter the ambulance service's business name and the appropriate reporting period.

Statistical Support Data:

Lines 01-02: Enter the number of billable ALS and BLS transports for each of the three categories. Subscription Service Transports should not be included with Transports Under Contract.
Lines 03-04: Enter the total of patient loaded transport miles and waiting times for each of the transport categories.
Line 05: List TOTAL of canceled/non-billable runs.

Ambulance Service Routine Operating Revenue:

Line 06: Enter the total amount of all ALS Base Rate gross billings.
Line 07: Enter the total amount of all BLS Base Rate gross billings.
Line 08: Enter the total of Mileage Charge gross billings.
Line 09: Enter the total Waiting Time gross billings.
Line 10: Enter the total of all gross billings of Medical Supplies to patients.
Line 11: RESERVED FOR FUTURE USE - Charges for Nurses currently are not allowed.
Line 12: Enter the total of all Standby Time charges. (Attach a schedule showing sources.)
Line 13: Add the totals from Line 06 through Line 12. Enter sum on Line 13.

Salary and Wage Expense Detail:

Line 14: Enter the total salary amount allocated and paid to Management of the ambulance service.
Line 15: Enter the total salary amount allocated and paid to Paramedics and IEMTs.
Line 16: Enter the total salary amount allocated and paid to Emergency Medical Technicians (EMTs).
Line 17: Enter the total salary amount allocated and paid to Other Personnel involved with the ambulance service. (Examples: Dispatch, Mechanics, Office)
Line 18: Enter the total allocated amount of Payroll Taxes and Fringe Benefits paid to employees included in lines 14 through 17.

Page 6

ANNUAL AMBULANCE FINANCIAL REPORT

EXPENSE CATEGORIES FOR USE ON PAGE 3

Line 09 Bad Debt
Line 10 Total Salaries, Wages, and Employee-Related Expenses
- Salaries, Wages, Payroll Taxes, and Employee Benefits

Line 11 Professional Services
- Legal/Management Fees
- Collection Fees
- Accounting/Auditing
- Data Processing Fees

Line 12 Travel and Entertainment (Administrative)
- Meals and Entertainment
- Travel/Transportation

Line 13 Other General and Administrative
- Office Related (Supplies, Phone, Postage, Advertising)
- Professional Liability Insurance
- Dues, Subscriptions, Miscellaneous

Line 14 Depreciation
Line 15 Rent/Leasing
Line 16 Building/Station
- Utilities, Property Taxes/Insurance, Cleaning/Maintenance

Line 17 Vehicle Expenses
- License/Registration
- Repairs/Maintenance
- Insurance

Line 18 Other Operating Expenses
- Dispatch Contracts
- Employee Education/Training, Uniforms, Travel/Meals
- Maintenance Contracts
- Minor Equipment, Non-Chargeable Ambulance Supplies

Line 19 Cost of Medical Supplies Charged to Patients
Line 20 Interest Expense
- Interest on: Bank Loans/Lines of Credit

Line 21 Subscription Service Sales Expenses
- Sales Commissions, Printing

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INSTRUCTIONS (cont'd)

Page 3: SCHEDULE OF REVENUES AND EXPENSES

Operating Revenues:

Line 01: Transfer appropriate total from Page 2 as indicated.
Line 02: Enter settlement amounts from AHCCCS transports. (DO NOT include settlement amounts resulting from a transport made under a SUBSCRIPTION SERVICE CONTRACT)
Line 03: Enter settlement amounts from Medicare transports. (DO NOT include settlement amounts resulting from a transport made under a SUBSCRIPTION SERVICE CONTRACT)
Line 04: Enter total of ALL settlement amounts from Subscription Service Contract transports.
Line 05: Enter total of ALL settlement amounts from Contractual transports only.
Line 06: Enter total from any other settlement sources.
Line 07: Enter sum of lines 02 through 06.
Line 08: Total Operating Revenue (The amount from Line 01 minus Line 07).

Operating Expenses:

Lines 09-21: Report as either actual or allocated from expenses shared with Fire or other departments.
Line 22: Enter the total sum of lines 09 through 21.
Line 23: Enter the difference of line 08 minus line 22.
Line 24: Enter the gross amount of sales from Subscription Service Contracts.
Line 25: Enter the amount of Other Operating Revenues.
Ex: Federal, State or Local Grants, Interest Earned, Patient Finance Charges.
Line 26: Enter the total of Local Supportive Funding.
Line 27: List other non-operating revenues (Ex: Donations, sales of assets, fund raisers).
Line 28: List other non-operating expenses (Ex: Civil fines or penalties, loss on sale of assets).
Line 29: Net Income (Line 23 plus Lines 24 through 27, minus Line 28).

Page 4: BALANCE SHEET

Current audited financial statements may be submitted in lieu of this page.

Page 5: STATEMENT OF CASH FLOWS

Current audited financial statements may be submitted in lieu of this page.

Questions regarding this reporting form can submitted to:

Arizona Department of Health Services
Bureau of Emergency Medical Services
Certificate of Necessity and Rates Section

1651 E. Morten, Suite 130
Phoenix, AZ 85020
PH: (602) 861-0809
FAX (602) 861-9812

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Historical Note

New Table adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1). New Exhibit B recodified from Article 12 at 12 A.A.R. 2243, effective June 2, 2006 (Supp. 06-2).

ARTICLE 10. GROUND AMBULANCE VEHICLE REGISTRATION

R9-25-1001. Initial and Renewal Application for a Certificate of Registration (A.R.S. §§ 36-2212, 36-2232, 36-2240)

A. A person applying for an initial or renewal certificate of registration of a ground ambulance vehicle shall submit an application form to the Department that contains:
1. The applicant's legal business or corporate name;
2. The applicant's mailing address, physical address of the business, and business, facsimile, and emergency telephone numbers;
3. The identifying information of the ground ambulance vehicle, including:
   a. The make of the ground ambulance vehicle;
   b. The ground ambulance vehicle manufacture year;
   c. The ground ambulance vehicle identification number;
   d. The unit number of the ground ambulance vehicle;
   e. The ground ambulance vehicle's state license number; and
   f. The location at which the ground ambulance vehicle will be available for inspection;
4. The identification number of the certificate of necessity to which the ground ambulance vehicle is registered;
5. The name and telephone number of the person to contact to arrange for inspection, if the inspection is preannounced; and
6. The signature of the applicant or applicant's designated representative.

B. Under A.R.S. § 36-2232(A)(11), the Department shall inspect each ambulance before an initial certificate of registration is issued by the Department.

C. Under A.R.S. § 36-2232(A)(11), the Department shall either inspect an ambulance or receive an inspection report that meets the requirements in this Article by a Department-approved inspection facility before a renewal certificate of registration is issued by the Department.

D. An applicant shall submit the following fees:
1. $50 application filing fee for an initial certificate of registration;
2. $200 annual regulatory fee for each ground ambulance vehicle issued a certificate of registration; and
3. $50 application filing fee for the renewal of a certificate of registration.

E. The Department shall approve or deny an application under this Section according to 9 A.A.C. 25, Article 12.

Historical Note
New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

R9-25-1002. Minimum Standards for Ground Ambulance Vehicles (A.R.S. § 36-2202(A)(5))

An applicant for a certificate of registration or certificate holder shall ensure a ground ambulance vehicle is equipped with the following:
1. An engine intake air cleaner that meets the ground ambulance vehicle manufacturer's engine specifications;
2. A brake system that meets the requirements in A.R.S. § 28-952;
3. A cooling system in the engine compartment that maintains the engine temperature operating range required to prevent damage to the ground ambulance vehicle engine;
4. A battery:
   a. With no leaks, corrosion, or other visible defects; and
   b. As measured by a voltage meter, capable of generating:
      i. 12.6 volts at rest; and
      ii. 13.2 to 14.2 volts on high idle with all electrical equipment turned on;
5. A wiring system in the engine compartment designed to prevent the wire from being cut by or tangled in the engine or hood;
6. Hoses, belts, and wiring with no visible defects;
7. An electrical system capable of maintaining a positive charge while the ground ambulance vehicle is stationary and operating at high idle with headlights, running lights, patient compartment lights, environmental systems, and all warning devices turned on;
8. An exhaust pipe, muffler, and tailpipe under the ground ambulance vehicle and securely attached to the chassis;
9. A frame capable of supporting the gross vehicle weight of the ground ambulance vehicle;
10. A horn that meets the requirements in A.R.S. § 28-954(A);
11. A siren that meets the requirements in A.R.S. § 28-954(E);
12. A front bumper that is positioned at the forward-most part of the ground ambulance vehicle extending to the ground ambulance vehicle's outer edges;
13. A fuel cap of a type specified by the manufacturer for each fuel tank;
14. A steering system to include:
   a. Power-steering belts free from frays, cracks, or slippage;
   b. Power-steering that is free from leaks;
   c. Fluid in the power-steering system that fills the reservoir between the full level and the add level indicator on the dipstick; and
   d. Bracing extending from the center of the steering wheel to the steering wheel ring that is not cracked;
15. Front and rear shock absorbers that are free from leaks;
16. Tires on each axle that:
   a. Are properly inflated;
   b. Are of equal size, equal ply ratings, and equal type;
   c. Are free of bumps, knots, or bulges;
   d. Have no exposed ply or belting; and
   e. Have tread groove depth equal to or more than 4/32";
17. An air cooling system capable of achieving and maintaining a 20° F difference between the air intake and the cool air outlet;
18. Air cooling and heater hoses secured in all areas of the ground ambulance vehicle and chassis to prevent wear due to vibration;
19. Body free of damage or rust that interferes with the physical operation of the ground ambulance vehicle or creates a hole in the driver's compartment or the patient compartment;
20. Windshield defrosting and defogging equipment;
21. Emergency warning lights that provide 360° conspicuity;
22. At least one 5-lb. ABC dry, chemical, multi-purpose fire extinguisher in a quick release bracket with a current inspection tag;
23. A heating system capable of achieving and maintaining a temperature of not less than 68° F in the patient compartment within 30 minutes;
24. Sides of the ground ambulance vehicle insulated and sealed to prevent dust, dirt, water, carbon monoxide, and gas fumes from entering the interior of the patient compartment and to reduce noise;

25. Padding over exit areas from the patient compartment and over sharp edges in the patient compartment;
26. Secured interior equipment and other objects;
27. When present, hangers or supports for equipment mounted not to protrude more than 2 inches when not in use;
28. Functional lamps and signals, including:
    a. Bright and dim headlamps,
    b. Brake lamps,
    c. Parking lamps,
    d. Backup lamps,
    e. Tail lamps,
    f. Turn signal lamps,
    g. Side marker lamps,
    h. Hazard lamps,
    i. Patient loading door lamps and side spot lamps,
    j. Spot lamp in the driver's compartment and within reach of the ambulance attendant, and
    k. Patient compartment interior lamps;
29. Side-mounted rear vision mirrors and wide vision mirror mounted on, or attached to, the side-mounted rear vision mirrors;
30. A patient loading door that permits the safe loading and unloading of a patient occupying a stretcher in a supine position;
31. Functional open door securing devices on a patient loading door;
32. Patient compartment upholstery free of cuts or tears and capable of being disinfected;
33. A seat belt installed for each seat in the driver's compartment;
34. Belts or devices installed on a stretcher to be used to secure a patient;
35. A seat belt installed for each seat in the patient compartment;
36. A crash stable side or center mounting fastener of the quick release type to secure a stretcher to a ground ambulance vehicle;
37. Windshield and windows free of obstruction;
38. A windshield free from unrepaired starred cracks and line cracks that extend more than 1 inch from the bottom and sides of the windshield or that extend more than 2 inches from the top of the windshield;
39. A windshield-washer system that applies enough cleaning solution to clear the windshield;
40. Operable windshield wipers with a minimum of two speeds;
41. Functional hood latch for the engine compartment;
42. Fuel system with fuel tanks and lines that meets manufacturer's specifications;
43. Suspension system that meets the ground ambulance vehicle manufacturer's specifications;
44. Instrument panel that meets the ground ambulance vehicle manufacturer's specifications; and
45. Wheels that meet and are mounted according to manufacturer's specifications.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

R9-25-1003. Minimum Equipment and Supplies for Ground Ambulance Vehicles (Authorized by A.R.S. § 36-2202(A)(5))

A. A ground ambulance vehicle shall contain the following operational equipment and supplies:

1. A portable and a fixed suction apparatus;
2. Wide-bore tubing, a rigid pharyngeal curved suction tip, and a flexible suction catheter in each of the following French sizes: 5, 10, and 14;
3. One fixed oxygen cylinder or equivalent with a minimum capacity of 106 cubic feet, a minimum pressure of 500 p.s.i., and a variable flow regulator;
4. One portable oxygen cylinder with a minimum capacity of 13 cubic feet, a minimum pressure of 500 p.s.i., and a variable flow regulator;
5. Oxygen administration equipment including: tubing, two adult-size and two pediatric-size non-rebreather masks, and two adult-size and two pediatric-size nasal cannula;
6. One adult-size, one child-size, and one infant-size hand-operated, disposable, self-expanding bag-valve with one of each size bag-valve mask;
7. Two adult-size, two child-size, and two infant-size oropharyngeal airways;
8. Two cervical immobilization devices;
9. Two upper and two lower extremities splints;
10. One traction splint;
11. Two full-length spine boards;
12. Supplies to secure a patient to a spine board;
13. One cervical-thoracic spinal immobilization device for extrication;
14. Two sterile burn sheets;
15. Two triangular bandages;
16. Two sterile multi-trauma dressings, 10" x 30" or larger;
17. Four abdomen bandages, 5" x 7" or larger;
18. Fifty non-sterile 4" x 4" gauze sponges;
19. Ten non-sterile soft roller bandages, 4" or larger;
20. Two non-sterile elastic roller bandages or self-adherent wrap bandages, 3" or larger;
21. Four sterile occlusive dressings, 3" x 8" or larger;
22. Two 2" or 3" adhesive tape rolls;
23. A sterile obstetrical kit containing towels, 4" x 4" dressing, scissors, bulb suction, and clamps or tape for cord;
24. One child-size, one adult-size, and one large adult-size sphygmomanometer;
25. One stethoscope;
26. One heavy duty scissors capable of cutting clothing, belts, or boots;
27. Two blankets;
28. Two sheets;
29. Body substance isolation equipment, including:
    a. Two pairs of non-sterile disposable gloves;
    b. Two gowns;
    c. Two masks that are at least as protective as a National Institute for Occupational Safety and Health-approved N-95 respirator, which may be of universal size;
    d. Two pairs of shoe coverings; and
    e. Two sets of protective eye wear;
30. At least three pairs of non-latex gloves; and
31. A wheeled, multi-level stretcher that is:
    a. Suitable for supporting a patient at each level;
    b. At least 69 inches long and 20 inches wide;
    c. Rated for use with a patient weighing up to or more than 350 pounds;
    d. Adjustable to allow a patient to recline and to elevate the patient's head and upper torso to an angle at least 70° from the horizontal plane;
    e. Equipped with a mattress that has a protective cover;
    f. Equipped with at least two attached straps to secure a patient during transport; and

g. Equipped to secure the stretcher to the interior of the vehicle during transport using the fastener required under R9-25-1002(36).

B. In addition to the equipment and supplies in subsection (A), a ground ambulance vehicle equipped to provide BLS shall contain at least:
1. The minimum supply of agents required in Table 1 in R9-25-503 for an EMT-B,
2. Two 3 mL syringes, and
3. Two 10-12 mL syringes.

C. In addition to the equipment and supplies in subsection (A), a ground ambulance vehicle equipped to provide ALS shall contain at least the minimum supply of agents required in Table 1 in R9-25-503 for the highest level of service to be provided by the ambulance's crew and at least the following:
1. Four intravenous solution administration sets capable of delivering 10 drops per cc;
2. Four intravenous solution administration sets capable of delivering 60 drops per cc;
3. Intravenous catheters of various sizes;
4. Venous tourniquet;
5. One endotracheal tube in each size from 3.0 mm to 9.0 mm;
6. One laryngoscope with blades in sizes 0-4, straight or curved or both;
7. One adult Magill forceps;
8. One scalpel;
9. One portable, battery-operated cardiac monitor-defibrillator with strip chart recorder and adult and pediatric EKG electrodes and defibrillation capabilities;
10. Electrocardiogram leads;
11. One blood glucose testing kit;
12. The following syringes:
    a. Two 1 mL tuberculin,
    b. Four 3 mL,
    c. Four 10-12 mL,
    d. Two 20 mL, and
    e. Two 50-60 mL;
13. Three 5 micron filter needles; and
14. Assorted sizes of non-filter needles.

D. A ground ambulance vehicle shall be equipped to provide, and capable of providing, voice communication between:
1. The ambulance attendant and the dispatch center;
2. The ambulance attendant and the ground ambulance service's assigned medical direction authority, if any; and
3. The ambulance attendant in the patient compartment and the ground ambulance service's assigned medical direction authority, if any.

Historical Note
New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).
Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4).

R9-25-1004. Minimum Staffing Requirements for Ground Ambulance Vehicles (A.R.S. §§ 36-2201(4), 36-2202(A)(5))
When transporting a patient, a ground ambulance service shall staff a ground ambulance vehicle according to A.R.S. § 36-2202(I).

Historical Note
New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

R9-25-1005. Ground Ambulance Vehicle Inspection; Major and Minor Defects (A.R.S. §§ 36-2202(A)(5), 36-2212, 36-2232, 36-2234)

A. A certificate holder shall make the ground ambulance vehicle, equipment, and supplies available for inspection at the request of the Director or the Director's authorized representative.

B. If inspected by the Department, a certificate holder shall allow the Director or the Director's authorized representative to ride in or operate the ground ambulance vehicle being inspected.

C. A certificate holder may request the Department to inspect all of the certificate holder's ground ambulance vehicles at the same date and location.

D. A Department-approved inspection facility may inspect a ground ambulance vehicle under A.R.S. § 36-2232(A)(11).

E. The Department classifies defects on a ground ambulance vehicle as major or minor as follows:

INSPECTION ITEM	MAJOR DEFECT	MINOR DEFECT
LAMPS:		
Emergency warning lights	Lack of 360° of conspicuity	Cracked, broken, or missing lens Inoperative lamps
Back-up lamps		Inoperative Cracked, broken, or missing lens
Brake lamps	Both inoperative	1 inoperative
Hazard lamps		Inoperative
Head lamps	Inoperative	High beam inoperative Low beam inoperative Inoperative dimmer switch
Loading lamps		Inoperative Cracked, broken, or missing lens
Parking lamps		Inoperative
Patient Compartment interior lamps	All lamps inoperative	Inoperative individual lamps Missing lens
Side marker lamps		Inoperative Cracked, broken, or missing lens
Spot lamp in driver's compartment		Inoperative
Tail lamps	Both inoperative	1 inoperative Cracked, broken, or missing lens
Turn signal lamps		Any turn signal lamp inoperative Cracked, broken, or missing lens

MECHANICAL, STRUCTURAL, ELECTRICAL:		
Bumpers		Loose or missing bumper
Defroster		Inoperative Ventilation system openings partially blocked
Electrical system	Does not comply with R9-25-1002(6)	
Engine compartment		Inoperative hood latch Deterioration of hoses, belts, or wiring Deterioration of battery hold-down clamps Corrosive acid buildup on battery terminals Incapable of generating voltage in compliance with R9-25-1002(4)(b)
Engine compartment wiring system		Does not comply with R9-25-1002(5)
Engine cooling system	Does not comply with R9-25-1002(3)	Leaks in system
Engine intake air cleaner		Does not comply with R9-25-1002(1)
Exhaust	Exhaust fumes in the patient or driver compartment	Exhaust pipe brackets not securely attached to the chassis and tailpipe End of tailpipe pinched or bent
Frame	Cracks in frame	
Fuel system	Fuel tank not mounted according to manufacturer's specifications Fuel tank brackets cracked or broken Leaking fuel tanks or fuel lines Fuel caps missing or of a type not specified by the manufacturer	
Ground ambulance vehicle body	Damage or rust to the exterior of the ground ambulance vehicle, which interferes with the operation of the ground ambulance vehicle Damage resulting in a hole in the driver's compartment or the patient compartment Holes that may allow exhaust or dust to enter the patient compartment Bolts attaching body to chassis loose, broken, or missing	Damage resulting in cuts or rips to the exterior of the ground ambulance vehicle
Heating and air conditioning systems		Unsecured hoses Does not maintain minimum temperature required in R9-25-1002(23) and 1002(17)
Horn		Inoperative
Parking brake		Inoperative
Siren	Inoperative	
Steering	Steering wheel bracing cracked Inoperative	Power steering belts slipping Power steering belts cracked or frayed Fluid leaks Fluid does not fill the reservoir between the full level and the add level indicator on the dipstick
Suspension	Broken suspension parts U-bolts loose or missing	Bent suspension parts Leaking shock absorbers Cracks or breaks in shock absorber mounting brackets
Vehicle brakes	Inoperative	Fluid leaks
INTERIOR:		
Communication equipment	Lack of operative communication equipment	Inoperative communication equipment in the patient compartment
Edges		Presence of exposed sharp edges
Equipment	Inability to secure oxygen tanks	Inability to secure other equipment
Fire extinguisher	Absent	Not at full charge Expired inspection tag

Hangers		Supports or hangers protruding more than 2" when not in use
Instrument panel		Inoperative gauges, switches, or illumination
Padding		Missing padding over exits in the patient compartment
Patient compartment	Visible blood, body fluids, or tissue	Unrepaired cuts or holes in seats Missing pieces of floor covering
Seat belts and securing belts	Absence of seat belt or inoperative seat belt in the driver's compartment More than one inoperative seat belt in the patient compartment Absence of securing belts on a stretcher	Frayed seat belt or securing belt material One inoperative seat belt in the patient compartment
Stretcher fastener	Does not comply with R9-25-1002(36)	
EXTERIOR:		
Patient compartment doors	Completely or partially missing window panel	Inoperative open door securing devices Cracked window panels
Marking		Missing company identification Incorrect size or location
Mirrors	Exterior rear vision or wide vision mirrors missing	Cracked mirror glass Loose mounting bracket bolts or screws Broken mirrors Loose or broken mounting brackets Missing mounting bracket bolts or screws
Tires	Tires on each axle are not of equal size, equal ply ratings, and equal type Bumps, knots, or bulges on any tire Exposed ply or belting on any tire Flat tire on any wheel	Tread groove depth less than 4/32" measured in a tread groove on any tire
Wheels	Loose or missing lug nuts Broken lugs Cracked or bent rims	
Windows		Placement of nontransparent materials which obstruct view Cracked or broken
Windshield	Windshield that is obstructed Placement of nontransparent materials which obstruct view	Unrepaired starred cracks or line cracks extending more than 1 inch from the bottom or side of the windshield Unrepaired starred cracks or line cracks extending more than 2 inches from the top of the windshield
Windshield- washer system		Does not comply with R9-25-1002(39)
Windshield wipers	Inoperative wiper on driver's side	Inoperative speed control Split or cracked wiper blade Inoperative wiper on passenger's side

F. If the Department determines that there is a major defect on the ground ambulance vehicle after inspection, the certificate holder shall take the ground ambulance vehicle out-of-service until the defect is corrected.

G. If the Department finds a minor defect on the ground ambulance vehicle after inspection, the ground ambulance vehicle may be operated to transport patients for up to 15 days until the minor defect is corrected.

1. The Department may grant an extension of time to repair the minor defect upon a written request from the certificate holder detailing the reasons for the need of an extension of time.
2. If the minor defect is not repaired within the time prescribed by the Department, and an extension has not been granted, the certificate holder shall take the ground ambulance vehicle out-of-service until the minor defect is corrected.

H. Within 15 days of the date of repair of the major or minor defect, the certificate holder shall submit written notice of the repair to the Department.

Historical Note
New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

R9-25-1006. Ground Ambulance Vehicle Identification (A.R.S. §§ 36-2212, 36-2232)

A. A ground ambulance vehicle shall be marked on its sides with the certificate of registration applicant's legal business or corporate name with letters not less than 6 inches in height.

B. A ground ambulance vehicle marked with a level of ground ambulance service shall be equipped and staffed to provide the level of ground ambulance service identified while in service.

Historical Note
New Section adopted by final rulemaking at 7 A.A.R.

1098, effective February 13, 2001 (Supp. 01-1).

ARTICLE 11. GROUND AMBULANCE SERVICE GENERAL PUBLIC RATES AND CHARGES; CONTRACTS

R9-25-1101. Application for Establishment of Initial General Public Rates (A.R.S. §§ 36-2232, 36-2239)

A. An applicant for a certificate of necessity or a certificate holder applying for initial general public rates shall submit an application packet to the Department that includes:
1. The applicant's name;
2. The requested general public rates;
3. A copy of the applicant's most recent financial statements or an Ambulance Revenue and Cost Report;
4. For a consecutive 12-month period:
   a. A projected income statement; and
   b. A projected cash-flow statement;
5. A list of all purchase agreements or lease agreements for real estate, ground ambulance vehicles, and equipment exceeding $5,000 used in connection with the ground ambulance service, that includes the monetary amount and duration of each agreement;
6. The identification of:
   a. Each of the applicant's affiliations, such as a parent company or subsidiary owned or operated by the applicant; and
   b. The methodology and calculations used in allocating costs among the applicant and government entities or profit or not-for-profit businesses;
7. A copy of the applicant's contract with each federal or tribal entity for ground ambulance service, if applicable;
8. Other documents, exhibits, or statements that may assist the Department in setting the general public rates;
9. An attestation signed by the applicant that the information and documents provided by the applicant are true and correct; and
10. Any other information or documents requested by the Director to clarify or complete the application.

B. The Department shall approve or deny an application under this Section according to 9 A.A.C. 25, Article 12.

Historical Note
New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

R9-25-1102. Application for Adjustment of General Public Rates (A.R.S. §§ 36-2234, 36-2239)

A. A certificate of necessity holder applying for an adjustment of general public rates not exceeding the monetary amount calculated according to A.R.S. § 36-2234(E) shall submit an application form to the Department that includes:
1. The name of the applicant;
2. A statement that the applicant is making the request according to A.R.S. § 36-2234(E);
3. A statement that the applicant has not applied for an adjustment to its general public rates within the last six months;
4. The effective date of the proposed general public rate adjustment; and
5. An attestation signed by the applicant that the information and documents provided by the applicant are true and correct.

B. An applicant requesting an adjustment of general public rates exceeding the monetary amount calculated according to A.R.S. § 36-2234(E) shall submit an application packet to the Department that includes:
1. The name of the applicant;
2. A statement that the applicant is making the request according to A.R.S. § 36-2234(A);
3. The reason for the general public rate adjustment request;
4. A statement that the applicant has not applied for an adjustment to its general public rates within the last six months;
5. The effective date of the proposed general public rate adjustment;
6. A copy of the applicant's most recent financial statements;
7. A copy of the Ambulance Revenue and Cost Report;
8. For a consecutive 12-month period:
   a. A projected income statement; and
   b. A projected cash-flow statement;
9. A list of all purchase agreements or lease agreements for real estate, ground ambulance vehicle, and equipment exceeding $5,000 used in connection with the ground ambulance service, that includes the monetary amount and duration of each agreement;
10. The identification of:
    a. Each of the applicant's affiliations, such as a parent company or subsidiary owned or operated by the applicant; and
    b. The methodology and calculations used in allocating costs among the applicant and government entities or profit or not for profit businesses;
11. A copy of the applicant's contract with each federal or tribal entity for a ground ambulance service, if applicable;
12. Other documents, exhibits, or statements that may assist the Department in setting the general public rates;
13. An attestation signed by the applicant that the information and documents provided by the applicant are true and correct; and
14. Any other information or documents requested by the Director to clarify or complete the application.

C. The Department shall approve or deny an application under this Section according to 9 A.A.C. 25, Article 12.

Historical Note
New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

R9-25-1103. Application for a Contract Rate or Range of Rates Less than General Public Rates (A.R.S. §§ 36-2234(G) and (I), 36-2239)

A. Before providing interfacility transports or convalescent transports, a certificate holder shall apply to the Department for approval of a contract rate or range of contract rates under A.R.S. § 36-2234(G).
1. For a contract rate or range of rates under A.R.S. § 36-2234(G), the certificate holder shall submit an application form to the Department that contains:
   a. The name of the certificate holder;
   b. A statement that the certificate holder is making the request under A.R.S. § 36-2234(G);
   c. The contract rate or range of rates being requested; and
   d. Information demonstrating the cost and economics of providing the transports for the requested contract rate or range of rates.
2. For a contract rate or range of rates under A.R.S. § 36-2234(I), the certificate holder shall submit the information required in R9-25-1102(B)(1) and (B)(6) through (B)(14).

B. The Department shall approve or deny an application under this Section according to 9 A.A.C. 25, Article 12.

Historical Note
New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

R9-25-1104. Ground Ambulance Service Contracts (A.R.S. §§ 36-2232, 36-2234(K))

A. Before implementing a ground ambulance service contract, a certificate holder shall submit to the Department for approval a copy of the contract with a cover letter that indicates the total number of pages in the contract. The contract shall:
1. Include the certificate holder's legal name and any other name listed on the certificate holder's initial application required in R9-25-902(A)(1)(a);
2. List the contract rate or range of rates approved by the Director according to R9-25-1101, R9-25-1102, or R9-25-1103;
3. Comply with A.R.S. §§ 36-2201 through 36-2246 and 9 A.A.C 25; and
4. Not preclude use of the 9-1-1 system or a similarly designated emergency telephone number.

B. The Department shall approve or deny an application under this Section according to 9 A.A.C. 25, Article 12.

Historical Note
New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

R9-25-1105. Application for Provision of Subscription Service or Establish a Subscription Service Rate (A.R.S. § 36-2232(A)(1))

A. A certificate holder applying to provide subscription service, establish a subscription service rate, or request approval of a subscription service contract shall submit an application packet to the Department that includes:
1. The following information:
   a. The number of estimated subscription service contracts and documents supporting the estimate, such as a survey of the service area;
   b. An estimate of the number of annual subscription service transports for the service area;
   c. The proposed subscription service rate;
   d. An estimate of the cost of providing subscription service to the service area; and
   e. Any other information or documents that the certificate holder believes may assist the Department in setting a subscription service rate; and
2. A copy of the proposed subscription service contract.

B. The Department shall approve or deny a subscription service rate under this Section according to 9 A.A.C. 25, Article 12.

Historical Note
New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

R9-25-1106. Rate of Return Setting Considerations (A.R.S. §§ 36-2232, 36-2239)

A. In determining the rate of return on gross revenue in A.R.S. § 36-2239(I)(4), the Director shall consider a ground ambulance service's:
1. Direct and indirect costs for operating the ground ambulance service within its service area;
2. Balance sheet;
3. Income statement;
4. Cash flow statement;
5. Ratio between variable and fixed costs on the financial statements;
6. Method of indirect costs allocation to specific cost-center areas;
7. Return on equity;
8. Reimbursable and non-reimbursable charges;
9. Type of business entity;
10. Monetary amount and type of debt financing;
11. Replacement and expansion costs;
12. Number of calls, transports, and billable miles;
13. Costs associated with rules, inspections, and audits;
14. Substantiated prior reported losses;
15. Medicare and AHCCCS settlements; and
16. Any other information or documents needed by the Director to clarify incomplete or ambiguous information or documents.

B. In determining the rate of return on gross revenue in A.R.S. § 36-2239(I)(4), the Director shall not consider:
1. Depreciation of the portion of ground ambulance vehicles and equipment obtained through Department funding,
2. The certificate holder's travel and entertainment expenses that do not directly relate to providing the ground ambulance service,
3. The monetary value of any goodwill accumulated by the certificate holder,
4. Any penalties or fines imposed on the certificate holder by a court or government agency, and
5. Any financial contributions received by the certificate holder.

C. In determining just, reasonable, and sufficient rates in A.R.S § 36-2232(A)(1) the director shall establish rates to provide for a rate of return that is at least 7% of gross revenue, calculated using the accrual method of accounting according to generally accepted accounting principles, unless the certificate holder requests a lower rate of return.

D. Rate of return on gross revenue is calculated by dividing Ambulance Revenue and Cost Report Exhibit A or Exhibit B net income or loss by gross revenue.

Historical Note
New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

R9-25-1107. Rate Calculation Factors (A.R.S. § 36-2232)

A. When evaluating a proposed mileage rate, the Department shall consider the following factors:
1. The cost of licensure and registration of each ground ambulance vehicle;
2. The cost of fuel;
3. The cost of ground ambulance vehicle maintenance;
4. The cost of ground ambulance vehicle repair;
5. The cost of tires;
6. The cost of ground ambulance vehicle insurance;
7. The cost of mechanic wages, benefits, and payroll taxes;
8. The cost of loan interest related to the ground ambulance vehicles;
9. The cost of the weighted allocation of overhead;
10. The cost of ground ambulance vehicle depreciation;
11. The cost of reserves for replacement of ground ambulance vehicles and equipment; and
12. Mileage reimbursement as established by Medicare guidelines for ground ambulance service.

B. When evaluating a proposed BLS base rate, the Department shall consider the costs associated with providing EMS and transport.

C. When evaluating a proposed ALS base rate, the Department shall consider the factors in subsection (B) and the additional costs of ALS ambulance equipment and ALS personnel.

D. In evaluating rates, the Director shall make adjustments to a certificate holder's rates to maximize Medicare reimbursements.

E. The Department shall determine the standby waiting rate by dividing the BLS base rate by 4.

Historical Note
New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

R9-25-1108. Implementation of Rates and Charges (A.R.S. §§ 36-2232, 36-2239)

A. A certificate holder shall assess rates and charges as follows:
1. When calculating a rate or charge, the certificate holder shall:
   a. Omit fractions of less than 1/2 of 1 cent; or
   b. Increase to the next whole cent, fractions of 1/2 of 1 cent or greater.
2. The certificate holder shall calculate the number of miles for a transport by using:
   a. The ground ambulance vehicle's odometer reading; or
   b. A regional map.
3. The certificate holder shall calculate the reimbursement amount for mileage of a transport by multiplying the number of miles for the transport by the mileage rate.
4. When transporting two or more patients in the same ground ambulance vehicle, the certificate holder shall assess each patient:
   a. Fifty percent of the mileage rate and one hundred percent of the ALS or BLS base rate; and
   b. One hundred percent of:
      i. The charge for each disposable supply, medical supply, medication, and oxygen-related cost used on the patient; and
      ii. Waiting time assessed according to subsection (C).
5. When agreed upon by prior arrangement to transport a patient to one destination and return to the point of pick-up or to one destination and then to a subsequent destination, assess only the ALS or BLS base rate, mileage rate, and standby waiting rate for the transport.

B. When a certificate holder transfers a patient to an air ambulance, the certificate holder shall assess the patient the rates and charges for EMS and transport provided to the patient before the transfer.

C. A certificate holder shall assess a standby waiting rate in quarter-hour increments, except for:
1. The first 15 minutes after arrival to load the patient at the point of pick-up;
2. The time, exceeding the first 15 minutes, required by ambulance attendants to provide necessary medical treatment and stabilization of the patient at the point of pick-up; and
3. The first 15 minutes to unload the patient at the point of destination.

D. When a certificate holder responds to a request outside the certificate holder's service area, the certificate holder shall assess its own rates and charges for EMS or transport provided to the patient.

E. When the Department or the certificate holder determines that a refund of a rate or a charge is required, the certificate holder shall refund the rate or charge within 90 days from the date of the determination.

Historical Note
New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

R9-25-1109. Charges (A.R.S. §§ 36-2232, 36-2239(D))

A. A certificate holder that charges patients for disposable supplies, medical supplies, medications, and oxygen-related costs shall submit to the Department a list of the items and the proposed charges. The list shall include a non-retroactive effective date.

B. A certificate holder shall submit to the Department a new list each time the certificate holder proposes a change in the items or the amount charged. The list shall contain the information required in subsection (A), including a non-retroactive effective date.

Historical Note
New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

R9-25-1110. Invoices (A.R.S. §§ 36-2234, 36-2239)

A. Each invoice for rates and charges shall contain the following:
1. The patient's name;
2. The certificate holder's name, address, and telephone number;
3. The date of service;
4. An itemized list of the rates and charges assessed;
5. The total monetary amount owed the certificate holder; and
6. The payment due date.

B. Any subsequent invoice to the same patient for the same EMS or transport shall contain all the information in subsection (A) except the information in subsection (A)(4).

C. Charges may be combined into one line item if the supplies are used for a specific purpose and the name of the combined item is included in the certificate holder's disposable medical supply listing provided to the Department under R9-25-1109.

D. A certificate holder may combine rates and charges into one line item if required by a third-party payor.

Historical Note
New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

ARTICLE 12. TIME-FRAMES FOR DEPARTMENT APPROVALS

R9-25-1201. Time-frames (A.R.S. §§ 41-1072 through 41-1079)

A. The overall time-frame described in A.R.S. § 41-1072(2) for each type of approval granted by the Department is listed in Table 1. The applicant and the Director may agree in writing to extend the overall time-frame. The substantive review time-frame shall not be extended by more than 25% of the overall time-frame.

B. The administrative completeness review time-frame described in A.R.S. § 41-1072(1) for each type of approval granted by the Department is listed in Table 1. The administrative completeness review time-frame begins on the date that the Department receives an application form or an application packet.
1. If the application packet is incomplete, the Department shall send to the applicant a written notice specifying the missing document or incomplete information. The administrative completeness review time-frame and the overall time-frame are suspended from the postmark date of the written request until the date the Department receives a complete application packet from the applicant.
2. When an application packet is complete, the Department shall send a written notice of administrative completeness.

3. If the Department grants an approval during the time provided to assess administrative completeness, the Department shall not issue a separate written notice of administrative completeness.

C. The substantive review time-frame described in A.R.S. § 41-1072(3) is listed in Table 1 and begins on the postmark date of the notice of administrative completeness.
1. As part of the substantive review time-frame for an application for an approval other than renewal of an ambulance registration, the Department shall conduct inspections, conduct investigations, or hold hearings required by law.
2. If required under R9-25-403 the Department shall fix the period and terms of probation as part of the substantive review.
3. During the substantive review time-frame, the Department may make one comprehensive written request for additional documents or information and it may make supplemental requests for additional information with the applicant's written consent.
4. The substantive review time-frame and the overall time-frame are suspended from the postmark date of the written request for additional information or documents until the Department receives the additional information or documents.
5. The Department shall send a written notice of approval to an applicant who meets the qualifications in A.R.S. Title 36, Chapter 21.1 and this Chapter for the type of application submitted.
6. The Department shall send a written notice of denial to an applicant who fails to meet the qualifications in A.R.S. Title 36, Chapter 21.1, and this Chapter for the type of application submitted.

D. If an applicant fails to supply the documents or information under subsections (B)(1) and (C)(3) within the number of days specified in Table 1 from the postmark date of the written notice or comprehensive written request, the Department shall consider the application withdrawn.

E. An applicant that does not wish an application to be considered withdrawn may request a denial in writing within the number of days specified in Table 1 from the postmark date of the written notice or comprehensive written request for documents or information under subsections (B)(1) and (C)(3).

F. If a time-frame's last day falls on a Saturday, Sunday, or an official state holiday, the Department shall consider the next business day as the time-frame's last day.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1). Amended by final rulemaking at 8 A.A.R. 2352, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

Table 1. Time-frames (in days)

Type of Application	Statutory Authority	Overall Time-frame	Administrative Completeness Time-frame	Time to Respond to Written Notice	Substantive Review Time-frame	Time to Respond to Comprehensive Written Request
ALS Base Hospital Certification (R9-25-208)	A.R.S. §§ 36-2201, 36-2202(A)(3), and 36-2204(5)	45	15	60	30	60
Amendment of an ALS Base Hospital Certificate (R9-25-209)	A.R.S. §§ 36-2201, 36-2202(A)(3), and 36-2204(5) and (6)	30	15	60	15	60
Training Program Certification (R9-25-302)	A.R.S. §§ 36-2202(A)(3) and 36-2204(1) and (3)	120	30	60	90	60
Amendment of a Training Program Certificate (R9-25-303)	A.R.S. §§ 36-2202(A)(3) and 36-2204(1) and (3)	90	30	60	60	60
EMT Certification (R9-25-404)	A.R.S. §§ 36-2202(A)(2), (3), and (4), 36-2202(G), and 36-2204(1)	120	30	90	90	270
Temporary Nonrenewable EMT-B or EMT-P Certification (R9-25-405)	A.R.S. §§ 36-2202(A)(2), (3), and (4), 36-2202(G), and 36-2204(1) and (7)	120	30	90	90	60
EMT Recertification (R9-25-406)	A.R.S. §§ 36-2202(A)(2), (3), (4), and (6), 36-2202(G), and 36-2204(1) and (4)	120	30	60	90	60
Extension to File for EMT Recertification (R9-25-407)	A.R.S. §§ 36-2202(A)(2), (3), (4), and (6), 36-2202(G), and 36-2204(1) and (7)	30	15	60	15	60

Downgrading of Certification (R9-25-408)	A.R.S. §§ 36-2202(A)(2), (3), and (4), 36-2202(G), and 36-2204(1) and (6)	30	15	60	15	60
Initial Air Ambulance Service License (R9-25-704)	A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2213, 36-2214, and 36-2215	150	30	60	120	60
Renewal of an Air Ambulance Service License (R9-25-705)	A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2213, 36-2214, and 36-2215	90	30	60	60	60
Transfer of an Air Ambulance Service License (R9-25-706)	A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), 36-2213, 36-2214, and 41-1092.11	150	30	60	120	60
Initial Certificate of Registration for an Air Ambulance (R9-25-802)	A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), 36-2212, 36-2213, 36-2214, and 36-2240(4)	90	30	60	60	60
Renewal of a Certificate of Registration for an Air Ambulance (R9-25-802)	A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), 36-2212, 36-2213, 36-2214, and 36-2240(4)	90	30	60	60	60
Initial Certificate of Necessity (R9-25-902)	A.R.S. §§ 36-2204, 36-2232, 36-2233, 36-2240	450	30	60	420	60
Provision of ALS Services (R9-25-902)	A.R.S. §§ 36-2232, 36-2233, 36-2240	450	30	60	420	60
Transfer of a Certificate of Necessity (R9-25-902)	A.R.S. §§ 36-2236(A) and (B), 36-2240	450	30	60	420	60
Renewal of a Certificate of Necessity (R9-25-904)	A.R.S. §§ 36-2233, 36-2235, 36-2240	90	30	60	60	60
Amendment of a Certificate of Necessity (R9-25-905)	A.R.S. §§ 36-2232(A)(4), 36-2240	450	30	60	420	60
Initial Registration of a Ground Ambulance Vehicle (R9-25-1001)	A.R.S. §§ 36-2212, 36-2232, 36-2240	90	30	60	60	60
Renewal of a Ground Ambulance Vehicle Registration (R9-25-1001)	A.R.S. §§ 36-2212, 36-2232, 36-2240	90	30	60	60	60
Establishment of Initial General Public Rates (R9-25-1101)	A.R.S. §§ 36-2232, 36-2239	450	30	60	420	60
Adjustment of General Public Rates (R9-25-1102)	A.R.S. §§ 36-2234, 36-2239	450	30	60	420	60
Contract Rate or Range of Rates Less than General Public Rates (R9-25-1103)	A.R.S. §§ 36-2234, 36-2239	450	30	60	420	60
Ground Ambulance Service Contracts (R9-25-1104)	A.R.S. § 36-2232	450	30	60	420	60
Ground Ambulance Service Contracts with Political Subdivisions (R9-25-1104)	A.R.S. §§ 36-2232, 36-2234(K)	30	15	15	15	Not Applicable
Subscription Service Rate (R9-25-1105)	A.R.S. § 36-2232(A)(1)	450	30	60	420	60

Historical Note
New Table adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1). Amended by final rulemaking at 8 A.A.R. 2352, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

Exhibit A. Recodified

Historical Note
New Exhibit adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1). Exhibit A recodified to Article 9 at 12 A.A.R. 2243, effective June 2, 2006 (Supp. 06-2).

Exhibit B. Recodified

Historical Note
New Table adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1). Exhibit B recodified to Article 9 at 12 A.A.R. 2243, effective June 2, 2006 (Supp. 06-2).

ARTICLE 13. TRAUMA CENTER DESIGNATION

R9-25-1301. Definitions (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))
The following definitions apply in this Article, unless otherwise specified:

1. "ACS" means the American College of Surgeons Committee on Trauma.
2. "ACS site visit" means an on-site inspection of a trauma facility conducted by ACS for the purpose of determining compliance with ACS trauma facilities criteria, or ACS trauma facilities criteria and state standards, at the Level of designation sought.
3. "Administrative completeness time period" means the number of days from the Department's receipt of an application until the Department determines that the application contains all of the items of information required by rule to be submitted with an application.
4. "ATLS" means the ACS Advanced Trauma Life Support Course.
5. "Available" means accessible for use.
6. "Chief administrative officer" means an individual assigned to control and manage the day-to-day operations of a health care institution on behalf of the owner or the body designated by the owner to govern and manage the health care institution.
7. "CME" means continuing medical education courses for physicians.
8. "Comply with" means to satisfy the requirements of a stated provision.
9. "CT" means computed tomography.
10. "Current" means up-to-date and extending to the present time.
11. "CVP" means central venous pressure.
12. "Department" means the Arizona Department of Health Services.
13. "Designation" means a formal determination by the Department that a health care institution has the resources and capabilities necessary to provide trauma services at a particular Level and is a trauma center.
14. "EMS" means emergency medical services.
15. "Health care institution" has the same meaning as in A.R.S. § 36-401.
16. "Hospital" has the same meaning as in A.A.C. R9-10-201.
17. "ICU" means intensive care unit.
18. "In compliance with" means satisfying the requirements of a stated provision.
19. "In-house" means on the premises at the health care institution.
20. "ISS" means injury severity score, the sum of the squares of the abbreviated injury scale scores of the three most severely injured body regions.
21. "Major resuscitation" means a patient:
    a. If an adult, with a confirmed blood pressure < 90 at any time or, if a child, with confirmed age-specific hypotension;
    b. With respiratory compromise, respiratory obstruction, or intubation, if the patient is not transferred from another health care institution;
    c. Who is transferred from another hospital and is receiving blood to maintain vital signs;
    d. Who has a gunshot wound to the abdomen, neck, or chest;
    e. Who has a Glasgow Coma Scale score < 8 with a mechanism attributed to trauma; or
    f. Who is determined by an emergency physician to be a major resuscitation.
22. "Meet the ACS standards," "meeting the ACS standards," or "meets the ACS standards" means be operated, being operated, or is operated in compliance with each applicable criterion for verification as required by ACS for verification.
23. "Meet the state standards," "meeting the state standards," or "meets the state standards" means be operated, being operated, or is operated in compliance with each applicable criterion listed in Exhibit I at least as frequently or consistently as required by the minimum threshold stated for the criterion in Exhibit I or at least 95% of the time, whichever is less.
24. "On-call" means assigned to respond and, if necessary, come to a health care institution when called by health care institution personnel.
25. "Owner" means one of the following:
    a. For a health care institution licensed under 9 A.A.C. 10, the licensee;
    b. For a health care institution operated under federal or tribal laws, the administrative unit of the U.S. government or sovereign tribal nation operating the health care institution.
26. "Person" means:
    a. An individual;
    b. A business organization such as an association, cooperative, corporation, limited liability company, or partnership; or
    c. An administrative unit of the U.S. government, state government, or a political subdivision of the state.
27. "Personnel" means an individual providing medical services, nursing services, or health-related services to a patient.
28. "PGY" means postgraduate year, a classification for residents in postgraduate training indicating the year that they are in during their post-medical-school residency program.
29. "Self-designated Level I trauma facility" means a health care institution that as of July 1, 2004, met the definition of a Level I trauma center under A.A.C. R9-22-2101(F)(1).
30. "SICU" means surgical intensive care unit.
31. "Signature" means:

a. A handwritten or stamped representation of an individual's name or a symbol intended to represent an individual's name, or
b. An "electronic signature" as defined in A.R.S. § 44-7002.

32. "Substantive review time period" means the number of days after completion of the administrative completeness time period during which the Department determines whether an application and owner comply with all substantive criteria required by rule for issuance of an approval.
33. "Transfer agreement" means a written contract between the owners of two health care institutions in which one owner agrees to have its health care institution receive a patient from the other owner's health care institution if the patient falls within specified criteria related to diagnosis, acuity, or treatment needs.
34. "Trauma center" has the same meaning as in A.R.S. § 36-2225.
35. "Valid" means that a license, certification, or other form of authorization is in full force and effect and not suspended or otherwise restricted.
36. "Verification" means formal confirmation by ACS that a health care institution has the resources and capabilities necessary to provide trauma services as a Level I, Level II, Level III, or Level IV trauma facility.
37. "Working day" means the period between 8:00 a.m. and 5:00 p.m. on a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state holiday.

Historical Note
New Section made by final rulemaking 11 A.A.R. 4363, effective October 6, 2005 (Supp. 05-4).

R9-25-1302. Eligibility for Designation (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))

A. To be eligible to obtain designation for a health care institution, an owner shall:
1. If applying for designation as a Level I trauma center:
   a. Comply with one of the following:
      i. Hold a current and valid regular license for the health care institution to operate as a hospital, issued by the Department under 9 A.A.C. 10, Article 2; or
      ii. Be an administrative unit of the U.S. government or a sovereign tribal nation operating the health care institution as a hospital under federal or tribal law; and
   b. Comply with one of the following:
      i. Hold current verification for the health care institution as a Level I trauma facility; or
      ii. Have current documentation issued by ACS stating that the health care institution meets the state standards for a Level I trauma center;
2. If applying for designation as a Level II trauma center:
   a. Comply with one of the following:
      i. Hold a current and valid regular license for the health care institution to operate as a hospital, issued by the Department under 9 A.A.C. 10, Article 2; or
      ii. Be an administrative unit of the U.S. government or a sovereign tribal nation operating the health care institution as a hospital under federal or tribal law; and
   b. Comply with one of the following:
      i. Hold current verification for the health care institution as a Level II trauma facility; or
      ii. Have current documentation issued by ACS stating that the health care institution meets the state standards for a Level II trauma center;
3. If applying for designation as a Level III trauma center:
   a. Comply with one of the following:
      i. Hold a current and valid regular license for the health care institution to operate as a hospital, issued by the Department under 9 A.A.C. 10, Article 2; or
      ii. Be an administrative unit of the U.S. government or a sovereign tribal nation operating the health care institution as a hospital under federal or tribal law; and
   b. Comply with one of the following:
      i. Hold current verification for the health care institution as a Level III trauma facility; or
      ii. Have current documentation issued by ACS stating that the health care institution meets the state standards for a Level III trauma center; and
4. If applying for designation as a Level IV trauma center:
   a. Comply with one of the following:
      i. Hold a current and valid regular license for the health care institution to operate, issued by the Department under 9 A.A.C. 10; or
      ii. Be an administrative unit of the U.S. government or a sovereign tribal nation operating the health care institution under federal or tribal law; and
   b. Comply with one of the following:
      i. Hold current verification for the health care institution as a Level IV trauma facility; or
      ii. Demonstrate, during an on-site survey of the health care institution conducted by the Department as described in R9-25-1310, that the health care institution meets the state standards for a Level IV trauma center.

B. To be eligible to retain designation for a health care institution, an owner shall:
1. Maintain a current and valid regular license for the health care institution to operate, if applicable; and
2. Comply with the trauma center responsibilities in R9-25-1313.

Historical Note
New Section made by final rulemaking 11 A.A.R. 4363, effective October 6, 2005 (Supp. 05-4).

R9-25-1303. Grace Period for Self-Designated Level I Trauma Facilities (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))

A. Within 90 days after the effective date of this Article, the owner of a self-designated Level I trauma facility who desires to obtain designation for the self-designated Level I trauma facility as a Level I trauma center under this Article shall apply for initial designation as a Level I trauma center under R9-25-1304.

B. An owner who applies for designation based on eligibility under this Section shall attest to one of the following in the application for initial designation:
1. That the owner's health care institution will meet the state standards for a Level I trauma center during the initial designation period, or
2. That the owner's health care institution will meet the state standards for a Level II trauma center during the initial designation period.

C. For an application submitted by an owner described under subsection (A), the Department shall waive the eligibility requirement of R9-25-1302(A)(1)(b) and grant designation as a Level I trauma center if the other requirements for designation are met.

D. An owner who obtains designation based on eligibility under this Section shall, during the term of the designation, ensure that the owner's trauma center meets the state standards that were the subject of the owner's attestation described in subsection (B).

E. An owner described under subsection (A) who obtains initial designation as a Level I trauma center and who desires to retain designation shall apply for renewal of designation under R9-25-1306.

F. To obtain renewal of designation under R9-25-1306, an owner described under subsection (A) shall comply with R9-25-1302(A)(1)(b)(i) or (ii) and R9-25-1306.

G. During the term of an initial designation granted to an owner based on eligibility under this Section, the Department may:
1. Investigate the owner's trauma center, as provided under R9-25-1311; and
2. Revoke the owner's designation, as provided under R9-25-1312.

H. This Section expires on January 1, 2009.

Historical Note
New Section made by final rulemaking 11 A.A.R. 4363, effective October 6, 2005 (Supp. 05-4).

R9-25-1304. Initial Application and Designation Process (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))

A. An owner applying for initial designation shall submit to the Department an application including:
1. An application form provided by the Department containing:
   a. The name, address, and main telephone number of the health care institution for which the owner seeks designation;
   b. The owner's name, address, and telephone number and, if available, fax number and e-mail address;
   c. The name and telephone number and, if available, fax number and e-mail address of the chief administrative officer for the health care institution for which the owner seeks designation;
   d. The designation Level for which the owner is applying;
   e. If the owner holds verification for the health care institution for which designation is sought, the Level of verification held and the effective and expiration dates of the verification;
   f. The asserted basis for designation:
      i. The owner holds verification for the health care institution,
      ii. The owner's health care institution meets the state standards, or
      iii. The owner is eligible for the grace period under R9-25-1303;
   g. Unless the owner is an administrative unit of the U.S. government or a sovereign tribal nation, the hospital or health care institution license number for the health care institution for which designation is sought;
   h. If applying for designation as a Level I, Level II, or Level III trauma center, the name and telephone number and, if available, fax number and e-mail address of the health care institution's trauma medical director;
   i. The name, title, address, and telephone number of the owner's statutory agent or the individual designated by the owner to accept service of process and subpoenas;
   j. Attestation that the owner knows all applicable requirements in A.R.S. Title 36, Chapter 21.1 and this Article;
   k. Attestation that the information provided in the application, including the information in the documents attached to the application form, is accurate and complete; and
   l. The dated signature of:
      i. If the owner is an individual, the individual;
      ii. If the owner is a corporation, an officer of the corporation;
      iii. If the owner is a partnership, one of the partners;
      iv. If the owner is a limited liability company, a manager or, if the limited liability company does not have a manager, a member of the limited liability company;
      v. If the owner is an association or cooperative, a member of the governing board of the association or cooperative;
      vi. If the owner is a joint venture, one of the individuals signing the joint venture agreement;
      vii. If the owner is a governmental agency, the individual in the senior leadership position with the agency or an individual designated in writing by that individual; and
      viii. If the owner is a business organization type other than those described in subsections (A)(1)(l)(ii) through (vi), an individual who is a member of the business organization;
2. Unless the owner is an administrative unit of the U.S. government or a sovereign tribal nation, a copy of the current regular hospital or health care institution license issued by the Department for the health care institution for which designation is sought;
3. If applying for designation based on verification, documentation issued by ACS establishing that the owner holds current verification for the health care institution at the Level of designation sought and showing the effective and expiration dates of the verification; and
4. If applying for designation as a Level I, Level II, or Level III trauma center based on meeting the state standards, current documentation issued by ACS establishing that the owner's health care institution meets the state standards listed in Exhibit I for the Level of designation sought.

B. The Department shall process an application as provided in R9-25-1315.

C. The Department shall approve designation if the Department determines that an owner is eligible for designation as described in R9-25-1302.

Historical Note
New Section made by final rulemaking 11 A.A.R. 4363, effective October 6, 2005 (Supp. 05-4).

R9-25-1305. Eligibility for Provisional Designation; Provisional Designation Process (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))

A. The owner of a health care institution may apply for one 18-month provisional designation as a Level I, Level II, or Level III trauma center if:

1. When the owner applies for provisional designation, the owner's health care institution has not produced at least 12 consecutive months of data related to trauma services provided at the health care institution; and
2. The owner cannot comply with R9-25-1302(A)(1)(b), (A)(2)(b), or (A)(3)(b).

B. To be eligible to obtain provisional designation for a health care institution, an owner shall:
1. Comply with one of the following:
   a. Hold a current and valid regular license for the health care institution to operate as a hospital, issued by the Department under 9 A.A.C. 10, Article 2; or
   b. Be an administrative unit of the U.S. government or a sovereign tribal nation operating the health care institution as a hospital under federal or tribal law; and
2. Make the attestations described in subsection (C)(2).

C. An owner applying for provisional designation shall submit to the Department an application including:
1. An application form that contains the information and items listed in R9-25-1304(A)(1)(a) through (A)(1)(d), (A)(1)(g) through (A)(1)(l), and (A)(2); and
2. Attestation that:
   a. The owner's health care institution has the resources and capabilities necessary to meet the state standards for the Level of designation sought and will meet the state standards for the Level of designation sought during the term of the provisional designation; and
   b. During the term of the provisional designation, the owner will:
      i. Ensure that the trauma center meets the state standards;
      ii. Apply for verification for the trauma center; and
      iii. Provide to the Department, within 30 days after applying for verification, documentation issued by ACS establishing that the owner has applied for verification.

D. The Department shall process an application submitted under this Section as provided in R9-25-1315.

E. The Department shall approve provisional designation if the Department determines that an owner is eligible for provisional designation as described in subsection (B).

F. To be eligible to retain provisional designation for a health care institution, an owner shall:
1. Comply with subsection (B)(1)(a) or (b);
2. Comply with the trauma center responsibilities in R9-25-1313;
3. Apply for verification for the trauma center; and
4. Provide to the Department, within 30 days after applying for verification, documentation issued by ACS establishing that the owner has applied for verification.

G. An owner who holds provisional designation and who desires to retain designation shall, before the expiration date of the provisional designation:
1. If the owner can comply with R9-25-1302(A)(1)(b), (A)(2)(b), or (A)(3)(b), apply for initial designation under R9-25-1304; or
2. If the owner cannot comply with R9-25-1302(A)(1)(b), (A)(2)(b), or (A)(3)(b), apply for an extension of the provisional designation under subsection (H).

H. An owner who holds provisional designation and who will not be able to comply with R9-25-1302(A)(1)(b), (A)(2)(b), or (A)(3)(b) on the expiration date of the provisional designation may apply to the Department, on a form provided by the Department, for one 180-day extension of the provisional designation and shall include with the application documentation issued by ACS showing the owner's progress in obtaining an ACS site visit.

I. The Department shall grant an extension if an owner provides documentation issued by ACS:
1. Establishing that the owner has applied for verification; and
2. Showing the owner's progress in obtaining an ACS site visit.

J. The Department may:
1. Investigate, as provided under R9-25-1311, a trauma center that is the subject of a provisional designation; and
2. Revoke, as provided under R9-25-1312, a provisional designation.

Historical Note
New Section made by final rulemaking 11 A.A.R. 4363, effective October 6, 2005 (Supp. 05-4).

R9-25-1306. Designation Renewal Process (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))

A. At least 60 days before the expiration date of a current designation, an owner who desires to obtain renewal of designation shall submit to the Department an application including:
1. An application form that contains the information listed in R9-25-1304(A)(1);
2. If applying for renewal of designation as a Level I, Level II, or Level III trauma center based on meeting the state standards, one of the following:
   a. Documentation issued by ACS no more than 60 days before the date of application establishing that the owner's trauma center meets the state standards listed in Exhibit I for the Level of designation sought; or
   b. Documentation issued by ACS establishing that the owner has applied for verification for the trauma center, at the Level corresponding to the Level of designation sought, for the three-year period directly following the expiration of the owner's current designation; and
3. If applying for renewal of designation based on verification, documentation issued by ACS establishing that the owner:
   a. Holds verification for the trauma center, at the Level corresponding to the Level of designation sought, for the three-year period directly following the expiration of the owner's current verification and designation; or
   b. Has applied for verification for the trauma center, at the Level corresponding to the Level of designation sought, for the three-year period directly following the expiration of the owner's current verification and designation.

B. The Department shall process an application as provided in R9-25-1315.

C. The Department shall renew designation if the Department determines that the owner is eligible to retain designation as described in R9-25-1302(B).

D. The Department shall not renew designation based on verification or ACS's determination that a trauma center meets the state standards until the Department receives documentation that complies with subsection (A)(2)(a) or (A)(3)(a).

Historical Note
New Section made by final rulemaking 11 A.A.R. 4363, effective October 6, 2005 (Supp. 05-4).

R9-25-1307. Term of Designation (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))

A. The Department shall issue initial designation or renewal of designation:
1. When based on verification, with a term beginning on the date of issuance and ending on the expiration date of the verification upon which designation is based; and
2. When based on meeting the state standards or eligibility under R9-25-1303, with a term beginning on the date of issuance and ending three years later.

B. The Department shall issue a provisional designation with a term beginning on the date of issuance and ending 18 months later and an extension of provisional designation with a term beginning on the expiration date of the provisional designation and ending 180 days later.

C. The Department shall issue a modified designation with a term beginning on the date of issuance and ending on the expiration date of the designation issued before the application for modification of designation under R9-25-1309.

D. If an owner submits an application for renewal of designation as described in R9-25-1306 before the expiration date of the current designation, or submits an application for extension of provisional designation as described in R9-25-1305 before the expiration date of the provisional designation, the current designation does not expire until the Department has made a final determination on the application for renewal of designation or extension of provisional designation.

Historical Note
New Section made by final rulemaking 11 A.A.R. 4363, effective October 6, 2005 (Supp. 05-4).

R9-25-1308. Changes Affecting Designation Status (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))

A. At least 30 days before the date of a change in a trauma center's name, the owner of the trauma center shall send the Department written notice of the name change.

B. At least 90 days before a trauma center ceases to offer trauma services, the owner of the trauma center shall send the Department written notice of the intention to cease offering trauma services and the desire to relinquish designation.

C. Within 30 days after the date of receipt of a notice described in subsection (A) or (B), the Department shall:
1. For a notice described in subsection (A), issue an amended designation that incorporates the name change but retains the expiration date of the current designation; or
2. For a notice described in subsection (B), send the owner written confirmation of the voluntary relinquishment of designation, with an effective date consistent with the written notice.

D. An owner of a trauma center shall notify the Department in writing within three working days after:
1. The trauma center's hospital or health care institution license expires or is suspended, revoked, or changed to a provisional license;
2. A change in the trauma center's verification status; or
3. A change in the trauma center's ability to meet the state standards or, if designation is based on verification, to meet the ACS standards, that is expected to last for more than one week.

E. An owner of a trauma center who obtains verification for the trauma center during a term of designation based on meeting the state standards may obtain a new initial designation based on verification, with a designation term based on the dates of the verification, by submitting an initial application as provided in R9-25-1304.

Historical Note
New Section made by final rulemaking 11 A.A.R. 4363, effective October 6, 2005 (Supp. 05-4).

R9-25-1309. Modification of Designation (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))

A. An owner of a trauma center who desires to obtain a designation that requires fewer resources and capabilities than the trauma center's current designation shall, at least 30 days before ceasing to provide trauma services consistent with the current designation, send the Department an application for modification of the trauma center's designation, including:
1. The name, address, and main telephone number of the trauma center for which the owner seeks modification of designation;
2. The owner's name, address, and telephone number and, if available, fax number and e-mail address;
3. A list of the applicable ACS or state criteria for the current designation with which the owner no longer intends to comply;
4. An explanation of the changes being made in the trauma center's resources or operations related to each criterion listed under subsection (A)(3);
5. The state Level of designation requested;
6. Attestation that the owner knows the state standards for the Level of designation requested and will ensure that the trauma center meets the state standards if modified designation is issued;
7. Attestation that the information provided in the application is accurate and complete; and
8. The dated signature of the owner, as prescribed in R9-25-1304(A)(1)(l).

B. The Department shall process an application as provided in R9-25-1315.

C. The Department shall issue a modified designation if the Department determines that, with the changes being made in the trauma center's resources and operations, the trauma center will meet the state standards for the Level of designation requested.

D. An owner who obtains modified designation shall, during the term of the modified designation, ensure that the owner's trauma center meets the state standards that were the subject of the owner's attestation described in subsection (A)(6).

E. The Department may:
1. Investigate, as provided under R9-25-1311, a trauma center that is the subject of a modified designation; and
2. Revoke, as provided under R9-25-1312, a modified designation.

F. An owner who holds modified designation shall, before the expiration date of the modified designation:
1. If the owner desires to retain designation based on the trauma center's meeting the state standards at the Level of the modified designation, apply for renewal of designation under R9-25-1306; or
2. If the owner desires to obtain designation based on verification or based on the trauma center's meeting the state standards at a Level other than the Level of the modified designation, apply for initial designation under R9-25-1304.

Historical Note
New Section made by final rulemaking 11 A.A.R. 4363, effective October 6, 2005 (Supp. 05-4).

R9-25-1310. On-Site Survey for Designation as a Level IV Trauma Center Based on Meeting the State Standards (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))

A. Before issuing initial or renewal designation to an owner applying for designation as a Level IV trauma center based on meeting the state standards, the Department shall complete an announced on-site survey of the owner's health care institution that includes:
1. Reviewing equipment and the physical plant;
2. Interviewing personnel; and
3. Reviewing:
   a. Medical records;
   b. Patient discharge summaries;
   c. Patient care logs;
   d. Personnel rosters and schedules;
   e. Performance-improvement-related documents other than peer review documents privileged under A.R.S. §§ 36-445.01 and 36-2403, including reports prepared as required under R9-10-204(B)(2) and the supporting documentation for the reports; and
   f. Other documents relevant to the provision of trauma services as a Level IV trauma center and that are not privileged under federal or state law.

B. A Department surveyor shall make a verbal report of findings to an owner upon completion of an on-site survey.

C. Within 30 days after completing an on-site survey, the Department shall send to an owner a written report of the Department's findings, including a list of any deficiencies identified during the on-site survey and a request for a written corrective action plan.

D. Within 10 days after receiving a request for a written corrective action plan, an owner shall submit to the Department a written corrective action plan that includes for each identified deficiency:
1. A description of how the deficiency will be corrected, and
2. A date of correction for the deficiency.

E. The Department shall accept a written corrective action plan if it:
1. Describes how each identified deficiency will be corrected, and
2. Includes a date for correcting each deficiency as soon as practicable based upon the actions necessary to correct the deficiency.

Historical Note
New Section made by final rulemaking 11 A.A.R. 4363, effective October 6, 2005 (Supp. 05-4).

R9-25-1311. Investigations (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4) and (5))

A. If the Department determines based upon Trauma Registry data collected by the Department or receives a complaint alleging that a trauma center is not meeting the state standards or, if designation is based on verification, is not meeting the ACS standards, the Department shall conduct an investigation of the trauma center.
1. The Department may conduct an announced or unannounced onsite survey as part of an investigation.
2. Within 30 days after completing an investigation, the Department shall send to the owner of the trauma center investigated a written report of the Department's findings, including a list of any deficiencies identified during the investigation and a request for a written corrective action plan.

B. Within 10 days after receiving a request for a written corrective action plan, an owner shall submit to the Department a written corrective action plan that includes for each identified deficiency:
1. A description of how the deficiency will be corrected, and
2. A date of correction for the deficiency.

C. The Department shall accept a written corrective action plan if it:
1. Describes how each identified deficiency will be corrected, and
2. Includes a date for correcting each deficiency as soon as practicable based upon the actions necessary to correct the deficiency.

Historical Note
New Section made by final rulemaking 11 A.A.R. 4363, effective October 6, 2005 (Supp. 05-4).

R9-25-1312. Denial or Revocation of Designation (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))

A. The Department may deny or revoke designation if an owner:
1. Has provided false or misleading information to the Department;
2. Is not eligible for designation under R9-25-1302(A) or (B) or, if applicable, R9-25-1305(B) or (F);
3. Fails to submit to the Department all of the information requested in a written request for additional information within the time prescribed in R9-25-1315 and Table 1;
4. Fails to submit a written corrective action plan as requested and required under R9-25-1310 or R9-25-1311;
5. Fails to comply with a written corrective action plan accepted by the Department under R9-25-1310 or R9-25-1311;
6. Fails to allow the Department to enter the premises of the owner's health care institution, to interview personnel, or to review documents that are not documents privileged under federal or state law; or
7. Fails to comply with any applicable provision in A.R.S. Title 36, Chapter 21.1 or this Article.

B. In determining whether to deny or revoke designation, the Department shall consider:
1. The severity of each violation relative to public health and safety;
2. The number of violations;
3. The nature and circumstances of each violation;
4. Whether each violation was corrected, the manner of correction, and the duration of the violation; and
5. Whether the violations indicate a lack of commitment to having the trauma center meet the state standards or, if applicable, the ACS standards.

C. If the Department denies or revokes designation, the Department shall send to the owner a written notice setting forth the information required under A.R.S. § 41-1092.03.
1. An owner may file a written notice of appeal with the Department within 30 days after receiving a notice of denial or revocation, as provided in A.R.S. § 41-1092.03.
2. An appeal shall be conducted according to A.R.S. Title 41, Chapter 6, Article 10.

Historical Note
New Section made by final rulemaking 11 A.A.R. 4363, effective October 6, 2005 (Supp. 05-4).

R9-25-1313. Trauma Center Responsibilities (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4), (5), and (6))

The owner of a trauma center shall ensure that:
1. The trauma center meets the state standards or, if designation is based on verification, meets the ACS standards;

2. Data related to the trauma services provided at the trauma center are submitted to the Department's Trauma Registry as required by the Department;
3. The owner and the trauma center staff comply with the applicable provisions of A.R.S. Title 36, Chapter 21.1 and this Article; and
4. The owner and the trauma center staff comply with all applicable federal and state laws relating to confidentiality of information.

Historical Note
New Section made by final rulemaking 11 A.A.R. 4363, effective October 6, 2005 (Supp. 05-4).

R9-25-1314. Confidentiality of Information (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4) and (6))
The Department shall comply with all applicable federal and state laws relating to confidentiality of information.

Historical Note
New Section made by final rulemaking 11 A.A.R. 4363, effective October 6, 2005 (Supp. 05-4).

R9-25-1315. Application Processing Time Periods (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))

A. The application processing time periods for each type of approval granted by the Department under this Article are listed in Table 1 and may be extended through a written agreement between an owner and the Department.

B. The Department shall, within the administrative completeness time period specified in Table 1, review each application submitted for administrative completeness.
1. If an application is incomplete, the Department shall send to the owner a written notice listing each deficiency and the information or items needed to complete the application.
2. If an owner fails to submit to the Department all of the information or items listed in a notice of deficiencies within the time period specified in Table 1, the Department shall consider the application withdrawn.

C. After determining that an application is administratively complete, the Department shall review the application for substantive compliance with the requirements for approval.
1. The Department shall complete its substantive review of each application, and send an owner written notice of approval or denial, within the substantive review time period specified in Table 1.
2. As part of the substantive review for an application for initial designation or renewal of designation as a Level IV trauma center based on meeting the state standards, the Department shall conduct an announced onsite survey of the health care institution or trauma center as described in R9-25-1310.
3. An owner applying for renewal of designation who submits documentation of the owner's having applied for verification as permitted under R9-25-1306(A)(2)(b) or (A)(3)(b) shall submit to the Department during the substantive review time period documentation that complies with R9-25-1306(A)(2)(a) or (A)(3)(a).
4. During the substantive review time period, the Department may make one written request for additional information, listing the information or items needed to determine whether to approve the application, including, for an owner applying for renewal described in subsection (C)(3), a request for documentation that complies with R9-25-1306(A)(2)(a) or (A)(3)(a).
5. For an application for initial designation or renewal of designation as a Level IV trauma center based on meeting the state standards, a written request for additional information may include a request for a corrective action plan to correct any deficiencies identified during an onsite survey of the health care institution or trauma center.
6. If an owner fails to submit to the Department all of the information or items listed in a written request for additional information, including, if applicable, a corrective action plan, within the time period specified in Table 1, the Department shall deny the application.

D. In applying this Section, the Department shall:
1. In calculating an owner's time to respond, begin on the postmark date of a notice of deficiencies or written request for additional information and end on the date that the Department receives all of the information or documents requested in the notice of deficiencies or written request for additional information; and
2. In calculating the Department's time periods, not include any time during which the Department is waiting for an owner to submit information or documents to the Department as requested by the Department in a notice of deficiencies or written request for additional information.

E. If the Department denies an application, the Department shall send to the owner a written notice of denial setting forth the information required under A.R.S. § 41-1092.03.
1. An owner may file a written notice of appeal with the Department within 30 days after receiving the notice of denial, as provided in A.R.S. § 41-1092.03.
2. An appeal shall be conducted according to A.R.S. Title 41, Chapter 6, Article 10.

Historical Note
New Section made by final rulemaking 11 A.A.R. 4363, effective October 6, 2005 (Supp. 05-4).

Table 1. Application Processing Time Periods (in days) (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))

Type of Approval	Department's Administrative Completeness Time Period	Owner's Time to Respond to Notice of Deficiencies	Department's Substantive Review Time Period	Owner's Time to Respond to Written Request for Additional Information
Initial Designation (R9-25-1304)	30	30	90	60
Provisional Designation (R9-25-1305)	30	30	90	60
Extension of Provisional Designation (R9-25-1305)	15	30	15	30
Renewal of Designation (R9-25-1306)	30	30	90	120
Modification of Designation (R9-25-1309)	30	30	90	60

Historical Note
New Table made by final rulemaking at 11 A.A.R. 4363, effective October 6, 2005 (Supp. 05-4).

Exhibit I. Arizona Trauma Center Standards (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))

E = Essential and required

Trauma Facilities Criteria	Levels			
	I	**II**	**III**	**IV**
A. Institutional Organization				
1. Trauma program	E	E	E	-
2. Trauma service	E	E	E	-
3. Trauma team	E	E	E	E
4. Trauma program medical director[1]	E	E	E	-
5. Trauma multidisciplinary committee	E	E	E	-
6. Trauma coordinator/trauma program manager[2]	E	E	E	E
B. Hospital Departments/Divisions/Sections				
1. Surgery	E	E	E	-
2. Neurological surgery	E	E	-	-
a. Neurosurgical trauma liaison	E	E	-	-
3. Orthopaedic surgery	E	E	E	-
a. Orthopaedic trauma liaison	E	E	E	-
4. Emergency medicine	E	E	E	-
a. Emergency medicine liaison[3]	E	E	E	-
5. Anesthesia	E	E	E	-
C. Clinical Capabilities				
1. Published on-call schedule for each listed specialty required in (C)(2) and (3)	E	E	E	-
2. Specialty immediately available 24 hours/day				
a. General surgery[4]	E	E	E	-

	i. Published back-up schedule	E	E	-	-
	ii. Dedicated to single hospital when on-call	E	E	-	-
b.	Anesthesia[5]	E	E	E	-
c.	Emergency medicine[6]	E	E	E	-
3.	On-call and promptly available 24 hours/day[7]				
a.	Cardiac surgery[8]	E	-	-	-
b.	Hand surgery	E	E	-	-
c.	Microvascular/replant surgery	E	-	-	-
d.	Neurologic surgery	E	E	-	-
	i. Dedicated to one hospital or back-up call	E	E	-	-
e.	Obstetrics/gynecologic surgery	E	-	-	-
f.	Ophthalmic surgery	E	E	-	-
g.	Oral/maxillofacial surgery[9]	E	E	-	-
h.	Orthopaedic surgery	E	E	E	-
	i. Dedicated to one hospital or back-up call	E	E	-	-
i.	Plastic surgery	E	E	-	-
j.	Critical care medicine	E	E	-	-
k.	Radiology	E	E	E	-
l.	Thoracic surgery	E	E	-	-
D.	**Clinical Qualifications**				
1.	General/Trauma Surgeon				
a.	Board certification[10]	E	E	E	-
b.	16 hours CME/year[11]	E	E	-	-
c.	ATLS certification[12]	E	E	E	E
d.	Multidisciplinary peer review committee attendance > 50%[13]	E	E	E	-
2.	Emergency Medicine[3]				
a.	Board certification[10]	E	E	-	-
b.	Trauma education – 16 hours CME/year[11]	E	E	-	-
c.	ATLS certification[12]	E	E	E	E
d.	Multidisciplinary peer review committee attendance > 50%[13]	E	E	E	-
3.	Neurosurgery				
a.	Board certification	E	E	-	-
b.	16 hours CME/year[11]	E	E	-	-
c.	Multidisciplinary peer review committee attendance > 50%[13]	E	E	E	-
4.	Orthopaedic Surgery				
a.	Board certification	E	E	-	-
b.	16 hours CME/year in skeletal trauma[11]	E	E	-	-
c.	Multidisciplinary peer review committee attendance > 50%[13]	E	E	E	-
E.	**Facilities/Resources/Capabilities**				
1.	Volume Performance[14]	E	-	-	-
2.	Presence of surgeon at resuscitation (immediately available)[15]	E	E	-	-
3.	Presence of surgeon at resuscitation (promptly available)[16]	-	-	E	-
4.	Presence of surgeon at operative procedures	E	E	E	E
5.	Emergency Department				

a.	Personnel				
i.	Designated physician director	E	E	E	-
b.	Resuscitation Equipment for Patients of All Ages				
i.	Airway control and ventilation equipment	E	E	E	E
ii.	Pulse oximetry	E	E	E	E
iii.	Suction devices	E	E	E	E
iv.	Electrocardiograph-oscilloscope-defibrillator	E	E	E	E
v.	Internal paddles	E	E	E	-
vi.	CVP monitoring equipment	E	E	E	-
vii.	Standard intravenous fluids and administration sets	E	E	E	E
viii.	Large-bore intravenous catheters	E	E	E	E
ix.	Sterile Surgical Sets for				
(1)	Airway control/cricothyrotomy	E	E	E	E
(2)	Thoracostomy	E	E	E	E
(3)	Venous cutdown	E	E	E	E
(4)	Central line insertion	E	E	E	-
(5)	Thoracotomy	E	E	E	-
(6)	Peritoneal lavage	E	E	E	-
x.	Arterial catheters	E	E	-	-
xi.	Drugs necessary for emergency care	E	E	E	E
xii.	X-ray availability 24 hours/day	E	E	E	-
xiii.	Broselow tape	E	E	E	E
xiv.	Thermal Control Equipment				
(1)	For patient	E	E	E	E
(2)	For fluids and blood	E	E	E	E
xv.	Rapid infuser system	E	E	E	E
xvi.	Qualitative end-tidal CO_2 determination	E	E	E	E
c.	Communication with EMS vehicles	E	E	E	E
d.	Capability to resuscitate, stabilize, and transport pediatric patients[17]	E	E	E	E
6.	Operating Room				
a.	Immediately available 24 hours/day	E	E	-	-
b.	Personnel				
i.	In-house 24 hours/day[18]	E	-	-	-
ii.	Available 24 hours/day[19]	-	E	E	-
c.	Age-Specific Equipment				
i.	Cardiopulmonary bypass	E	-	-	-
ii.	Operating microscope	E	-	-	-
d.	Thermal Control Equipment				
i.	For patient	E	E	E	E
ii.	For fluids and blood	E	E	E	E
e.	X-ray capability including C-arm image intensifier	E	E	E	-
f.	Endoscopes, bronchoscope	E	E	E	-
g.	Craniotomy instruments	E	E	-	-

h.	Equipment for long bone and pelvic fixation	E	E	E	-
i.	Rapid infuser system	E	E	E	E
7.	Postanesthetic Recovery Room (SICU is acceptable)				
a.	Registered nurses available 24 hours/day	E	E	E	-
b.	Equipment for monitoring and resuscitation	E	E	E	E
c.	Intracranial pressure monitoring equipment	E	E	-	-
i.	Pulse oximetry	E	E	E	E
ii.	Thermal control	E	E	E	E
8.	Intensive or Critical Care Unit for Injured Patients				
a.	Registered nurses with trauma training	E	E	E	-
b.	Designated surgical director or surgical co-director	E	E	E	-
c.	Surgical ICU service physician in-house 24 hours/day[20]	E	-	-	-
d.	Surgically directed and staffed ICU service[20]	E	E	-	-
e.	Equipment for monitoring and resuscitation	E	E	E	-
f.	Intracranial pressure monitoring equipment	E	E	-	-
g.	Pulmonary artery monitoring equipment	E	E	E	-
9.	Respiratory Therapy Services				
a.	Available in-house 24 hours/day	E	E	-	-
b.	On-call 24 hours/day	-	-	E	-
10.	Radiological Services (Available 24 hours/day)				
a.	In-house radiology technologist	E	E	-	-
b.	Angiography	E	E	-	-
c.	Sonography	E	E	E	-
d.	Computed tomography	E	E	E	-
i.	In-house CT technician	E	E	-	-
e.	Magnetic resonance imaging	E	-	-	-
11.	Clinical Laboratory Service (Available 24 hours/day)				
a.	Standard analyses of blood, urine, and other body fluids, including microsampling when appropriate	E	E	E	E
b.	Blood typing and cross-matching	E	E	E	-
c.	Coagulation studies	E	E	E	E
d.	Comprehensive blood bank or access to a community central blood bank and adequate storage facilities	E	E	E	-
e.	Blood gases and pH determinations	E	E	E	E
f.	Microbiology	E	E	E	-
12.	Acute Hemodialysis				
a.	In-house	E	-	-	-
b.	Transfer agreement	-	E	E	E
13.	Burn Care—Organized				
a.	In-house or transfer agreement with burn center	E	E	E	E
14.	Acute Spinal Cord Management				
a.	In-house or transfer agreement with regional acute spinal cord injury rehabilitation center	E	E	E	E
F.	**Rehabilitation Services**				
1.	Transfer agreement to an approved rehabilitation facility	E	E	E	E

2.	Physical therapy	E	E	E	-
3.	Occupational therapy	E	E	-	-
4.	Speech therapy	E	E	-	-
5.	Social Services	E	E	E	-
G.	**Performance Improvement**				
1.	Performance improvement programs	E	E	E	E
2.	Trauma Registry				
a.	In-house	E	E	E	E
b.	Participation in state, local, or regional registry	E	E	E	E
3.	Audit of all trauma deaths	E	E	E	E
4.	Morbidity and mortality review	E	E	E	E
5.	Trauma conference – multidisciplinary	E	E	E	-
6.	Medical nursing audit	E	E	E	E
7.	Review of prehospital trauma care	E	E	E	-
8.	Review of times and reasons for trauma-related bypass	E	E	-	-
9.	Review of times and reasons for transfer of injured patients	E	E	E	E
10.	Performance improvement personnel dedicated to care of injured patients	E	E	-	-
H.	**Continuing Education/Outreach**				
1.	Outreach activities[21]	E	E	-	-
2.	Residency program[22]	E	-	-	-
3.	ATLS provide/participate[23]	E	-	-	-
4.	Programs provided by hospital for:				
a.	Staff/community physicians (CME)	E	E	E[24]	-
b.	Nurses	E	E	E	-
c.	Allied health personnel	E	E	E	-
d.	Prehospital personnel provision/participation	E	E	E	-
I.	**Prevention**				
1.	Prevention program[25]	E	E	-	-
2.	Collaboration with existing national, regional, state, and community programs[26]	E	E	E	E
J.	**Research**				
1.	Research program[27]	E	-	-	-
2.	Trauma registry performance improvement activities	E	E	E	-
3.	Identifiable Institutional Review Board process	E	-	-	-
4.	Extramural education presentations	E[28]	-	-	-
K.	**Additional Requirements for Trauma Centers Represented as Caring for Pediatric Trauma Patients[29]**				
1.	Trauma surgeons credentialed for pediatric trauma care	E	E	-	-
2.	Pediatric emergency department area	E	E	-	-
3.	Pediatric resuscitation equipment in all patient care areas	E	E	-	-
4.	Microsampling	E	E	E	-
5.	Pediatric-specific performance improvement program	E	E	E	E
6.	Pediatric intensive care unit	E[30]	E[31]	-	-

[1] An individual may not serve as trauma medical director for more than one trauma center at the same time.
[2] For a Level I trauma center, this shall be a full-time position.

[3] This does not apply if emergency medicine physicians do not participate in the care of a hospital's trauma patients.
[4] For this criterion, "immediately available" means that:
1. For a Level I trauma center, a PGY 4 or 5 surgery resident or a trauma surgeon is on the hospital premises at all times; and
2. For all major resuscitations in a Level I, II, or III trauma center:
   a. If advance notice is provided from the field, a trauma surgeon is present in the emergency department upon patient arrival; and
   b. If advance notice is not provided from the field, a trauma surgeon is present in the emergency department:
      i. For a Level I or II trauma center, no later than 15 minutes after patient arrival; or
      ii. For a Level III trauma center, no later than 30 minutes after patient arrival.

The minimum threshold for compliance with #2 is 80%.
A PGY 4 or 5 surgery resident may begin resuscitation while awaiting the arrival of the trauma surgeon, but is not a replacement for the trauma surgeon.

[5] For this criterion, "immediately available" means that:
1. For a Level I trauma center, an anesthesiologist, anesthesiology chief resident, or certified registered nurse anesthetist is on the hospital premises at all times;
2. For a Level II trauma center, an anesthesiologist, anesthesiology chief resident, or certified registered nurse anesthetist is present in the emergency department no later than 15 minutes after patient arrival;
3. For a Level III trauma center, an anesthesiologist, anesthesiology chief resident, or certified registered nurse anesthetist is present in the emergency department no later than 30 minutes after patient arrival; and
4. For a Level I, II, or III trauma center, an anesthesiologist is present for all surgeries.

[6] For this criterion, "immediately available" means that an emergency medicine physician is physically present in the emergency department at all times. However, if emergency medicine physicians do not participate in the care of a hospital's trauma patients, an emergency medicine physician is not required to be immediately available 24 hours per day.

[7] For the criteria in (C)(3)(a)-(l), "promptly available" means that:
1. A physician specialist is present in the emergency department no later than 45 minutes after notification, based on patient need; or
2. For hand surgery and microvascular/replant surgery, the owner has transfer agreements to ensure that a patient in need of hand surgery or microvascular/replant surgery can be expeditiously transferred to a health care institution that has a hand surgeon or microvascular/replant surgeon on the premises.

[8] This criterion is satisfied by a physician authorized by the hospital to perform cardiothoracic surgery.

[9] This criterion is satisfied by a dentist or physician authorized by the hospital to perform oral and maxillofacial surgery. If a physician, the individual shall be a plastic surgeon or an otolaryngologist.

[10] In a Level I or II trauma center, a non-board-certified physician may be included in the trauma service if the physician:
1. If a surgeon, is in the examination process by the American Board of Surgery;
2. If the trauma medical director, is a Fellow of ACS;
3. Unless the trauma medical director, complies with the following:
   a. Has a letter written by the trauma medical director demonstrating that the health care institution's trauma program has a critical need for the physician because of the physician's individual experience or the limited physician resources available in the physician's specialty;
   b. Has successfully completed an accredited residency training program in the physician's specialty, as certified by a letter from the director of the residency training program;
   c. Has current ATLS certification as a provider or instructor, as established by documentation;
   d. Has completed 48 hours of trauma CME within the past three years, as established by documentation;
   e. Has attended at least 50% of the trauma quality assurance and educational meetings, as established by documentation;
   f. Has been a member or attended local, regional, and national trauma organization meetings within the past three years, as established by documentation;
   g. Has a list of patients treated over the past year with accompanying ISS and outcome for each;
   h. Has a quality assurance assessment by the trauma medical director showing that the morbidity and mortality results for the physician's patients compare favorably with the morbidity and mortality results for comparable patients treated by other members of the trauma service; and
   i. Has full and unrestricted privileges in the physician's specialty and in the department with which the physician is affiliated; or

4. Complies with the following:
   a. Has provided exceptional care of trauma patients, as established by documentation such as a quality assurance assessment by the trauma medical director;
   b. Has numerous publications, including publication of excellent research;
   c. Has made numerous presentations; and
   d. Has provided excellent teaching, as established by documentation.

In a Level III trauma center, only the trauma medical director is required to be board-certified.

[11] This criterion applies only to the trauma medical director, the emergency medicine liaison, the neurosurgical trauma liaison, and the orthopaedic trauma liaison. This criterion is satisfied by an average of 16 hours annually, or 48 hours over three years, of verifiable external trauma-related CME. External CME includes programs given by visiting professors or invited speakers and teaching an ATLS course.

[12] Among the trauma surgeons, only the trauma medical director is required to have current ATLS certification. The other trauma surgeons are required to have held ATLS certification at one time. Among the emergency medicine physicians, only non-board-certified physicians are required to have current ATLS certification. The other emergency medicine physicians are required to have held ATLS certification at one time.

[13] Among the trauma surgeons, 50% attendance is required for each member of the trauma surgical core group. In the other specialty areas, 50% attendance is required only for the emergency medicine liaison, the neurosurgical trauma liaison, and the orthopaedic trauma liaison.

[14] Except for Level I trauma centers that care only for pediatric patients, each Level I trauma center shall satisfy one of the following volume performance standards:
1. 1200 trauma admissions per year,
2. 240 admissions with ISS > 15 per year, or
3. An average of 35 patients with ISS > 15 for the trauma panel surgeons per year.

Burn patients may be included in annual trauma admissions if the trauma service, not a separate burn service, is responsible for burn care in the trauma center.

[15] For this criterion, "immediately available" means that for all major resuscitations in a Level I or II trauma center:
1. If advance notice is provided from the field, a trauma surgeon is present in the emergency department upon patient arrival; and
2. If advance notice is not provided from the field, a trauma surgeon is present in the emergency department no later than 15 minutes after patient arrival.

The minimum threshold for compliance with this criterion is 80%.
A PGY 4 or 5 surgery resident may begin resuscitation while awaiting the arrival of the trauma surgeon, but is not a replacement for the trauma surgeon.

[16] For this criterion, "promptly available" means that for all major resuscitations in a Level III trauma center:
1. If advance notice is provided from the field, a trauma surgeon is present in the emergency department upon patient arrival; and
2. If advance notice is not provided from the field, a trauma surgeon is present in the emergency department no later than 30 minutes after patient arrival.

The minimum threshold for compliance with this criterion is 80%.
A PGY 4 or 5 surgery resident may begin resuscitation while awaiting the arrival of the trauma surgeon, but is not a replacement for the trauma surgeon.

[17] A trauma center that does not admit pediatric patients shall be capable of resuscitating, stabilizing, and transporting pediatric trauma patients.

[18] A Level I trauma center shall have a complete operating room team in the hospital at all times, so that an injured patient who requires operative care can receive it in the most expeditious manner. The members of the operating room team shall be assigned to the operating room as their primary function; they cannot also be dedicated to other functions within the institution.

[19] A Level II trauma center shall have a complete operating room team available when needed. The need to have an in-house operating room team depends on a number of things, including the patient population served, the ability to share responsibility for operating room coverage with other hospital staff, prehospital communication, and the size of the community served by the

trauma center. If an out-of-house operating room team is used, then this aspect of care shall be monitored by the performance improvement program.

[20] This requirement may be satisfied by a physician authorized by the hospital to admit patients into the intensive care unit as the attending physician or to perform critical care procedures.

[21] This requirement is met through having an independent outreach program or participating in a collaborative outreach program. "Collaborative outreach program" means an organized effort, including multiple hospitals or sponsored or coordinated by a Regional Council or the Department, through which participating hospitals educate the general public or current or prospective physicians, nurses, prehospital providers, or allied health professionals regarding injury prevention, trauma triage, interfacility transfer of trauma patients, or trauma care.

[22] A Level I trauma center shall have a functional and documented teaching commitment. This requirement may be met through:

1. A trauma fellowship program; or
2. Active participation with one of the following types of residency programs in emergency medicine, general surgery, orthopaedic surgery, or neurosurgery:
   a. An independent residency program;
   b. A regional residency rotation program; or
   c. A collaborative residency program that includes multiple hospitals, with each non-sponsor participating hospital hosting at least one rotation.

[23] This requirement is met through participating in the provision of ATLS courses and having ATLS instructors on staff.

[24] When a Level III trauma center is in an area that contains a Level I or Level II trauma center, this is not required.

[25] This requirement is met through having an independent prevention program or participating in a collaborative prevention program. "Collaborative prevention program" means an organized effort, including multiple hospitals or sponsored or coordinated by a Regional Council or the Department, through which participating health care institutions promote injury prevention through primary, secondary, or tertiary prevention strategies. An independent or collaborative prevention program shall include:

1. Conducting injury control studies,
2. Monitoring the progress and effect of the prevention program,
3. Providing information resources for the public, and
4. Each participating hospital's designating a prevention coordinator who serves as the hospital's spokesperson for prevention and injury control activities.

[26] This requirement is met through participating in a prevention program organized at the national, regional, state, or local community level.

[27] This requirement is met through having an independent research program or participating in a collaborative research program. "Collaborative research program" means an organized effort, including multiple hospitals or sponsored or coordinated by a Regional Council or the Department, through which participating hospitals systematically investigate issues related to trauma and trauma care.
Injury control studies are considered to be research program activities if they have a stated focused hypothesis or research question.

[28] The trauma program shall provide at least 12 educational presentations every three years outside the academically affiliated institutions of the trauma center.

[29] A trauma center is required to comply with the requirements of (K)(1) through (6), in addition to the requirements in (A) through (J), if the trauma center is represented as caring for pediatric trauma patients. "Represented as caring for pediatric trauma patients" means that a trauma center's availability or capability to care for pediatric trauma patients is advertised to the general public, health care providers, or emergency medical services providers through print media, broadcast media, the Internet, or other means such as the EMSystem, administered by the Department.

[30] The trauma center shall have a PICU available on-site.

[31] This requirement may be satisfied by a transfer agreement.

Historical Note
New Exhibit made by final rulemaking at 11 A.A.R. 4363, effective October 6, 2005 (Supp. 05-4).

ARTICLE 14. TRAUMA REGISTRY; TRAUMA SYSTEM QUALITY ASSURANCE

R9-25-1401. Definitions (Authorized by A.R.S. §§ 36-2202(A)(4), 36-2208(A), 36-2209(A)(2), 36-2221, and 36-2225(A)(5) and (6))

The following definitions apply in this Article, unless otherwise specified:

1. "Aggregate trauma data" means a collection of data from the trauma registry that is compiled so that it is not possible to identify a particular trauma patient, trauma patient's family, health care provider, or health care institution.
2. "AIS" means abbreviated injury scale, an anatomic severity scoring system established in Association for the Advancement of Automotive Medicine Committee on Injury Scaling, *Abbreviated Injury Scale (AIS) 2005* (2005), incorporated by reference, including no future editions or amendments, and available from Association for the Advancement of Automotive Medicine, P.O. Box 4176, Barrington, IL 60011-4176, and www.carcrash.org.
3. "ALS base hospital" has the same meaning as "advanced life support base hospital" in A.R.S. 36-2201.
4. "Case" means a patient who meets R9-25-1402(A)(1), (2), or (3).
5. "Category" means a group of related codes within the ICD-9-CM, identified by the first three digits of each code number within the group, and including all code numbers that share the same first three digits.
6. "Data element" means a categorized piece of information.
7. "Data set" means a collection of data elements that includes, for each case, data that complies with Table 1.
8. "Department" means the Arizona Department of Health Services.
9. "ED" means emergency department, an organized area of a hospital that provides unscheduled emergency services, as defined in A.A.C. R9-10-201, 24 hours per day, seven days per week, to individuals who present for immediate medical attention.
10. "EMS" has the same meaning as "emergency medical services" in A.R.S. § 36-2201.
11. "EMS provider" has the same meaning as "emergency medical services provider" in A.R.S. § 36-2201.
12. "GCS" means Glasgow Coma Scale, a scoring system that defines eye, motor, and verbal responses in the patient with injury.
13. "Health care institution" has the same meaning as in A.R.S. § 36-401.
14. "Health care provider" means a caregiver involved in the delivery of trauma services to a patient, whether in a prehospital setting, in a hospital setting, or during rehabilitation.
15. "Hospital" has the same meaning as in A.A.C. R9-10-201.
16. "ICD-9-CM" has the same meaning as in A.A.C. R9-4-101.
17. "ICD-9-CM E-code" means the external cause of injury as coded according to the ICD-9-CM.
18. "ICD-9-CM N-code" means the nature of injury as coded according to the ICD-9-CM.
19. "ICD-9-CM Procedure Code" means the procedure performed on a patient as coded according to the ICD-9-CM.
20. "Injury" means the result of an act that damages, harms, or hurts; unintentional or intentional damage to the body resulting from acute exposure to mechanical, thermal, electrical, or chemical energy or from the absence of such essentials as heat or oxygen.
21. "ISS" has the same meaning as in R9-25-1301.
22. "Owner" has the same meaning as in R9-25-1301.
23. "Patient" means an individual who is sick, injured, or dead and who requires medical monitoring, medical treatment, or transport.
24. "Scene" means a location, other than a health care institution, from which a patient is transported.
25. "Submitting health care institution" means a health care institution that submits data to the trauma registry as provided in R9-25-1402.
26. "Trauma center" means a health care institution that meets the definition of "trauma center" in A.R.S. § 36-2201 or the definition of "trauma center" in A.R.S. § 36-2225.
27. "Trauma registry" has the same meaning as in A.R.S. § 36-2201.
28. "Trauma team" means a group of health care providers organized to provide care to trauma patients.
29. "Trauma team activation" means notification of trauma team members in response to triage information received concerning a patient with injury or suspected injury.
30. "Trauma triage protocol" means a "triage protocol," as defined in R9-25-101, specifically designed for use with patients with injury.

Historical Note

New Section made by final rulemaking at 13 A.A.R. 4301, effective January 12, 2008 (Supp. 07-4).

R9-25-1402. Data Submission Requirements (Authorized by A.R.S. §§ 36-2202(A)(4), 36-2208(A), 36-2209(A)(2), 36-2221, and 36-2225(A)(5) and (6))

A. As required under A.R.S. § 36-2221 and R9-25-1313, an owner of a trauma center shall ensure that the data set identified in Table 1 is submitted to the Department, as prescribed in subsection (B), for each patient who meets one or more of the following criteria:

1. A patient with injury or suspected injury who is triaged from a scene to a trauma center or ED based upon the responding EMS provider's trauma triage protocol;
2. A patient with injury or suspected injury for whom a trauma team activation occurs; or
3. A patient with injury who is admitted as a result of the injury or who dies as a result of the injury, who has an ICD-9-CM N-code within categories 800 through 959, and who does not only have:
   a. Late effects of injury or another external cause, as demonstrated by an ICD-9-CM N-code within categories 905 through 909;
   b. A superficial injury or contusion, as demonstrated by an ICD-9-CM N-code within categories 910 through 924;
   c. Effects of a foreign body entering through an orifice, as demonstrated by an ICD-9-CM N-code within categories 930 through 939;
   d. An isolated femoral neck fracture from a same-level fall, as demonstrated by:
      i. An ICD-9-CM N-code within category 820; and
      ii. An ICD-9-CM E-code within category E885 or E886;
   e. An isolated distal extremity fracture from a same-level fall, as demonstrated by:

i. An ICD-9-CM N-code within categories 813 through 817 or within categories 823 through 826; and
ii. An ICD-9-CM E-code within category E885 or E886;
f. An isolated burn, as demonstrated by an ICD-9-CM N-code within categories 940 through 949.

B. An owner of a trauma center shall submit the data required under subsection (A) to the Department:
1. On a quarterly basis according to the following schedule:
a. For cases identified between January 1 and March 31, so that it is received by the Department by July 1 of the same calendar year;
b. For cases identified between April 1 and June 30, so that it is received by the Department by October 1 of the same calendar year;
c. For cases identified between July 1 and September 30, so that it is received by the Department by January 2 of the following calendar year; and
d. For cases identified between October 1 and December 31, so that it is received by the Department by April 1 of the following calendar year;
2. Through an electronic reporting system authorized by the Department;
3. In a format authorized by the Department; and
4. Along with the following information:
a. The name and physical address of the trauma center;
b. The date the trauma data is being submitted to the Department;
c. The total number of cases for whom trauma data is being submitted;
d. The quarter and year for which trauma data is being submitted;
e. The range of ED or hospital arrival dates for the cases for whom trauma data is being submitted;
f. The name, title, phone number, fax number, and e-mail address of the trauma center's point of contact for the trauma data; and
g. Any special instructions or comments to the Department from the trauma center's point of contact.

C. An ALS base hospital certificate holder that chooses to submit trauma data to the Department, as provided in A.R.S. § 36-2221, shall comply with the data submission requirements in this Section for an owner of a trauma center.

Historical Note
New Section made by final rulemaking at 13 A.A.R. 4301, effective January 12, 2008 (Supp. 07-4).

Table 1. Trauma Registry Data Set (Authorized by A.R.S. §§ 36-2202(A)(4), 36-2208(A), 36-2209(A)(2), 36-2221, and 36-2225(A)(5) and (6))
KEY:

Required for TC Levels I, II, and III = An owner of a hospital designated as a Level I, Level II, or Level III trauma center under Article 13 of this Chapter shall include these data elements in the data submission required under R9-25-1402.

Required for TC Level IV, Non-Designated TC, and ALS Base Hospital = An owner of a health care institution designated as a Level IV trauma center under Article 13 of this Chapter; an owner of a trauma center, as defined in A.R.S. § 36-2201, that is not designated as a trauma center under Article 13 of this Chapter; or an ALS base hospital certificate holder that submits trauma data as provided under A.R.S. § 36-2221 shall include these data elements in the data submission required under R9-25-1402.

* = Only required for hospitals designated as Level I trauma centers under Article 13 of this Chapter.

Field Name/Data Element Description	Required for TC Levels I, II, and III	Required for TC Level IV, Non-Designated TC, and ALS Base Hospital
DEMOGRAPHIC DATA ELEMENTS		
Reporting Facility Site ID	X	X
Registration Number	X	X
Medical Record Number	X	X
Hospital Admission Date	X	X
Admission Status	X	X
Patient Last Name	X	X
Patient First Name	X	X
Patient Middle Initial	X	X
Social Security Number	X	X
Date of Birth	X	X
Age	X	X
Units of Age	X	X
Gender	X	X
Race	X	X
Ethnicity	X	X
Zip Code of Residence	X	
City of Residence	X	
County of Residence	X	
State of Residence	X	X

Country of Residence	X	
Alternate Home Residence	X	
Co-Morbid Conditions (Pre-Existing)	X	
INJURY DATA ELEMENTS		
Injury Date	X	X
Injury Time	X	X
Actual versus Estimated Injury Time	X	
Injury Location ICD-9-CM E-code (E849)	X	X
Street Location of Injury	X	
Zip Code of Injury	X	X
City of Injury	X	X
County of Injury	X	
State of Injury	X	
Primary ICD-9-CM E-code Injury Descriptor	X	X
Additional ICD-9-CM E-code Injury Descriptor	X	
Trauma Type	X	
Work-Related	X	
Patient Occupational Industry	X	
Patient Occupation	X	
Patient Position in Vehicle	X	
Protective Devices	X	X
Child Specific Restraint	X	
Airbag Deployment	X	
Safety Equipment Issues	X	
PREHOSPITAL TRANSPORT DATA ELEMENTS		
EMS Provider Type	X	
Transport Mode (Into Reporting Facility)	X	X
Other Transport Modes	X	
Transport Agency	X	
Run Sheet Available?	X	
Run Sheet Date	X	
Transported From	X	
Date EMS Provider Notified	X	
Time EMS Provider Notified	X	
Date EMS Provider Left for Scene	X	
Time EMS Provider Left for Scene	X	
Date EMS Provider Arrived at Scene	X	
Time EMS Provider Arrived at Scene	X	
Date of EMS Patient Contact	X	
Time of EMS Patient Contact	X	
Date EMS Provider Departed Scene	X	
Time EMS Provider Departed Scene	X	
Date of Arrival at Destination	X	
Time of Arrival at Destination	X	
EMS Destination	X	
Total EMS Response Time (Minutes)	X	
Total EMS Scene Time (Minutes)	X	
Transport Time – Scene to Destination (Minutes)	X	
Total EMS Time (Minutes)	X	
System Access	X	
Triage Criteria	X	X

Date of Measurement of Vital Signs	X	
Time of Measurement of Vital Signs	X	
Initial Field Pulse Rate	X	
Initial Field Respiratory Rate	X	
Initial Field Oxygen Saturation	X	
Field Airway Management Details	X	
Field Intubation Status	X	
Field Paralytic Agent in Effect	X	
Initial Field Systolic Blood Pressure	X	
Initial Field GCS – Eye Opening	X	
Initial Field GCS – Verbal Response	X	
Initial Field GCS – Motor Response	X	
Initial Field GCS – Total	X	
Field Revised Trauma Score	X	
REFERRING/TRANSFER HOSPITAL DATA ELEMENTS		
Interfacility Transfer	X	
Date of Arrival at First Referring Hospital	X	
Time of Arrival at First Referring Hospital	X	
Date of Transfer from First Referring Hospital	X	
Time of Transfer from First Referring Hospital	X	
Transferring Facility (First Referring)	X	
Length of Stay in First Referring Hospital (Hours)	X	
Destination Facility	X	
Date of Arrival at Second Referring Hospital	X	
Time of Arrival at Second Referring Hospital	X	
Date of Transfer from Second Referring Hospital	X	
Time of Transfer from Second Referring Hospital	X	
Transferring Facility (Second Referring)	X	
Length of Stay in Second Referring Hospital (Hours)	X	
Destination Facility	X	
Vital Signs Designation (If First or Second Referring)	X	
Initial Respiratory Rate in Referring Facility	X	
Initial Systolic Blood Pressure in Referring Facility	X	
Initial GCS Total in Referring Facility	X	
Initial Revised Trauma Score in Referring Facility	X	
ED/TRAUMA DATA ELEMENTS		
ED/Hospital Arrival Date	X	X
ED/Hospital Arrival Time	X	X
ED Exit Date	X	X
ED Exit Time	X	X
Length of Stay in ED (Hours)	X	X
Complete Trauma Team Arrival Time	X	
ED Discharge Disposition	X	X
ED Discharge Destination Hospital	X	X
Discharge Transport Agency	X	
Transfer Reason	X	
ED/Hospital Initial Pulse Rate	X	
ED/Hospital Initial Respiratory Rate	X	
ED/Hospital Initial Respiratory Assistance	X	
ED/Hospital Initial Oxygen Saturation	X	
ED/Hospital Initial Supplemental Oxygen	X	

ED/Hospital Intubation Status	X	
ED/Hospital Paralytic Agent in Effect	X	
ED/Hospital Initial Systolic Blood Pressure	X	
ED/Hospital Initial GCS – Eye Opening	X	
ED/Hospital Initial GCS – Verbal Response	X	
ED/Hospital Initial GCS – Motor Response	X	
ED/Hospital Initial GCS – Total	X	
ED/Hospital Initial GCS Assessment Qualifiers	X	
ED/Hospital Initial Temperature	X	
ED/Hospital Initial Units of Temperature	X	
ED/Hospital Initial Temperature Route	X	
ED/Hospital Initial Revised Trauma Score	X	
Alcohol Use Indicator	X	
Blood Alcohol Content (mg/dl)	X	
Drug Use Indicator	X	
Toxicology Substances Found	X	
DISCHARGE DATA ELEMENTS		
Hospital Discharge Date	X	X
Hospital Discharge Time	X	X
Hospital Admission Length of Stay (Days)	X	X
Total Length of Hospital Stay – ED plus Admission (Days)	X	
Final Outcome – Dead or Alive	X	X
Total ICU Length of Stay (Days)	X	X
Total Ventilator Days	X	
Hospital Discharge Disposition	X	X
Hospital Discharge Destination Hospital	X	X
Discharge Transport Agency	X	
Transfer Reason	X	
Autopsy Identification Number	X	
Injury Diagnoses – ICD-9-CM N-codes	X	X
AIS Six-Digit Injury Identifier	X*	
AIS Severity Code	X	
AIS Body Region of Injury	X	
Injury Severity Score	X	
Probability of Survival	X	
ED/Hospital Procedure Location	X	
ED/Hospital Procedure Start Date	X	
ED/Hospital Procedure Start Time	X	
ED/Hospital ICD-9-CM Procedure Codes	X	
Hospital Complications	X	
Primary Method of Payment	X	
Secondary Method of Payment	X	
Total Hospital Charges	X	
Total Reimbursements	X	

Historical Note

New Table 1 made by final rulemaking at 13 A.A.R. 4301, effective January 12, 2008 (Supp. 07-4).

R9-25-1403. Trauma System Data Reports; Requests for Trauma Registry Reports (Authorized by A.R.S. §§ 36-2202(A)(4), 36-2208(A), 36-2209(A)(2), 36-2220(A), 36-2221, and 36-2225(A)(5) and (6))

A. The Department shall produce and disseminate to each submitting health care institution a quarterly trauma system data report that includes statewide aggregate trauma data.

B. A person may request to receive a report containing statewide aggregate trauma data for data elements not included in the quarterly trauma system data report by submitting a written public records request to the Department as provided in A.A.C. R9-1-303.

C. The Department shall process a request for a report submitted under subsection (B) as provided in A.A.C. R9-1-303.

D. As provided in A.R.S. § 36-2220(A)(1), Trauma Registry data from which a patient, the patient's family, or the patient's health care provider or facility might be identified is confidential and is not available to the public.

Historical Note
New Section made by final rulemaking at 13 A.A.R. 4301, effective January 12, 2008 (Supp. 07-4).

R9-25-1404. Retention of Reports and Requests for Reports (Authorized by A.R.S. §§ 36-2202(A)(4), 36-2208(A), 36-2209(A)(2), 36-2221, and 36-2225(A)(5) and (6))

The Department shall retain copies of each quarterly trauma system data report, request for a report submitted under R9-25-1403(B), and report generated under R9-25-1403(B) for at least 10 years after the date of the report or request for a report.

Historical Note
New Section made by final rulemaking at 13 A.A.R. 4301, effective January 12, 2008 (Supp. 07-4).

R9-25-1405. Confidentiality and Retention of Trauma System Quality Assurance Data (Authorized by A.R.S. §§ 36-2202(A)(4), 36-2208(A), 36-2209(A)(2), 36-2220(A), 36-2221, 36-2223(E)(3), 36-2225(A)(5) and (6), 36-2403(A), and 36-2404)

A. As provided in A.R.S. §§ 36-2220(A)(2) and 36-2403(A), all data and documents obtained by the Department or considered by the Department, the State Trauma Advisory Board, or a State Trauma Advisory Board subcommittee for purposes of trauma system quality assurance are confidential and are not available to the public.

B. The Department shall ensure that:

1. Each member of the State Trauma Advisory Board or member of a State Trauma Advisory Board subcommittee who will have access to the data and documents described in subsection (A) executes a written confidentiality statement before being allowed access to the data and documents;
2. All trauma system quality assurance activities are completed in executive session during State Trauma Advisory Board or State Trauma Advisory Board subcommittee meetings;
3. Except for one historical copy, all copies of data and documents described in subsection (A) and used during an executive session are collected at the end of the executive session and destroyed after the State Trauma Advisory Board or State Trauma Advisory Board subcommittee meeting; and
4. Executive session minutes and all copies of data and documents described in subsection (A) are maintained in a secure area and are accessible only to authorized Department employees.

Historical Note
New Section made by final rulemaking at 13 A.A.R. 4301, effective January 12, 2008 (Supp. 07-4).

R9-25-1406. Trauma Registry Data Quality Assurance (Authorized by A.R.S. §§ 36-2202(A)(4), 36-2208(A), 36-2209(A)(2), 36-2220(A), 36-2221, and 36-2225(A)(5) and (6))

A. To ensure the completeness and accuracy of trauma registry reporting, a submitting health care institution shall allow the Department to review the following, upon prior notice from the Department of at least five business days:

1. The submitting health care institution's database that includes data regarding cases;
2. Patient medical records; and
3. Any record, other than those specified in subsections (A)(1) and (2), that may contain information about diagnostic evaluation or treatment provided to a patient.

B. Upon prior notice from the Department of at least five business days, a submitting health care institution shall provide the Department with all of its patient medical records for a time period specified by the Department, to allow the Department to review the patient medical records and determine whether the submitting health care institution has submitted data to the trauma registry for the cases who received medical services within the time period.

C. For purposes of subsection (B), the Department considers a submitting health care institution to be in compliance with R9-25-1402(A) if the submitting health care institution submitted data to the trauma registry for 97% of the cases who received medical services within the time period.

D. The Department shall return to a submitting health care institution data not submitted in compliance with R9-25-1402 and shall identify the revisions that are needed to bring the data into compliance with R9-25-1402.

E. A submitting health care institution that has trauma registry data returned as provided in subsection (D) shall revise the data as identified by the Department and shall submit the revised data to the Department within 15 business days after the date the Department returned the data or within a longer period agreed upon between the Department and the submitting health care institution.

F. Within 15 business days after receiving a written request from the Department that includes a simulated patient medical record, a submitting health care institution shall prepare and submit to the Department the data set identified in Table 1 for the patient described in the simulated patient medical record.

Historical Note
New Section made by final rulemaking at 13 A.A.R. 4301, effective January 12, 2008 (Supp. 07-4).